

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County... ALEEGANY  
City or town... CUMBERLAND, MARYLAND  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
Hospital, institution, or street address where death occurred:  
MEMORIAL HOSPITAL

How long in hospital or institution? 16 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... MARYLAND County... ALLEGANY  
City or town... LONA CONING  
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

ALEXANDER ANNA MRS.

3. (b) Social Security Number

None

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced MARRIED

6. (b) Name of husband or wife... ALEXANDER, JOHN

7. Birth date of deceased (mo., day, yr.) SEPTEMBER 20, 1884  
6. (c) If alive, give age years

8. AGE: Years 63 Months 3 Days 11 It less than one day hrs. min.

9. Birthplace... MARYLAND  
(Town, county, and State)

10. Usual occupation... Housewife

11. Industry or business

12. Name... BRIMLOW, JOHN

13. Birthplace... MARYLAND

14. Maiden name... EVANS, ELIZABETH

15. Birthplace... Unknown

16. Informant... Next of kin Alexander  
Address... Longwing, Md.

17. Burial, cremation, or removal, When? Date thereof Jan 4, 1948  
(month) (day) (year)

Cemetery or crematory... Allegany Park

Location... Frostburg, Md.

18. Funeral director... E. J. Smith & S. Boal

Address... Westernport, Md.

19. Jan 3, 1948 (Date rec'd by registrar) Registrar W. F. Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH... JANUARY 1, 1948 19 at 2:25 P.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 12:16 to 1:15 1948

and that I last saw him alive on 1-1-48

Immediate cause of death... Fatal and Biliary Cirrhosis DURATION

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations... None

Autopsy results... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... W. F. Williams

Address... Cumberland Date signed 1/21/48

RECEIVED  
JAN 6 1948  
STANDARD

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00002

## 1. PLACE OF DEATH:

County Allegany  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
Allegany County Infirmary  
How long in hospital or institution? 5 months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Allegany  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 138 Reynolds St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Mrs Minnie May Arnette

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Powell Arnette

## 7. Birth date of deceased (mo., day, yr.)

Sept 29, 1883

## 6. (c) If alive, give age

years

## 8. AGE:

Years

Months

Days

If less than one day

64320

hrs.

min.

## 9. Birthplace

Paw Paw W. Va  
(Town, county, and state)

## 10. Usual occupation

Housework

## 11. Industry or business

at home

## MOTHER FATHER

## 12. Name

Amos Esphery

## 13. Birthplace

Flintstone Md.

## 14. Maiden name

Margaret Schelling

## 15. Birthplace

Flintstone Md.

## 16. Informant

Raymond May

## Address

138 Reynolds St Camb, Md.

## 17.

Burial  
(Burial, cremation, or removal. Which?)

## Date thereof

Jan 21, 1948  
(month) (day) (year)

## Cemetery or crematory

Reston Cem

## Location

Near Flintstone Md.

## 18. Funeral director

John J. Hofer

## Address

Cumberland, Md.

## 19.

Jan 20, 1948  
(Date rec'd by registrar)W.R. Frank, M.D.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1948 at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 17 1947 to Jan 19 1948  
and that I last saw her alive on Jan 18 1948

Immediate cause of death

Adeno carcinoma of breast

## DURATION

5 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Adeno carcinoma breast  
Date of op. About June 48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Arthur Jones M.D.  
M. D. or other

Address

110 S. Centre St.Date signed 1-20-48

RECEIVED

JAN 27 1948

BUREAU



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00003

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County Allegany  
 City or town Eastland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 months  
 Hospital, institution, or street address where death occurred:  
Sylvan Retreat  
 How long in hospital or institution? 4 months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Allegany  
 City or town Fort Ligonier  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2nd St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Katherine Shields Arnold

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Thomas Arnold  
 6.(c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) Unknown  
 8. AGE: Years Months Days If less than one day  
about 76 yrs. hrs. min.

9. Birthplace Borden Shafter, Ind.  
 (Town, county, and state)

10. Usual occupation Widow

11. Industry or business

12. Name James Shields

13. Birthplace Unknown

14. Maiden name Margaret Beane

15. Birthplace Indiana

16. Informant Miss Angela Brady

Address 12 Rush St. Fort Ligonier

17. Burial Date thereof Jan 26, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Michael's

Location Fort Ligonier, Ind.

18. Funeral director Acop Hayes

Address Fort Ligonier, Ind.

19. Jan 26, 1948 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23, 1948 at 5:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1947 to Jan 23, 1948  
 and that I last saw her alive on Jan 20, 1948

Immediate cause of death Cerebral vascular accident DURATION 5 min

Due to Cerebral arteriosclerosis 4 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur J. Jones, M.D. M. D. or other

Address 110 S. Centre St. Date signed 1-23-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 3 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00004

## 1. PLACE OF DEATH:

County Allegany  
 City or town Little Orleans  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 19 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Allegany  
 City or town Little Orleans  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Marie Ashkettle

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced single  
 6.(b) Name of husband or wife \_\_\_\_\_  
 7. Birth date of deceased (mo., day, yr.) Oct. 29 1928 6.(c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 19 Months 2 Days 18 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Little Orleans Md.  
 (Town, county, and state)  
 10. Usual occupation Student  
 11. Industry or business \_\_\_\_\_

FATHER 12. Name Harry Ashkettle  
 13. Birthplace Little Orleans Md.  
 MOTHER 14. Maiden name Theodosia Barnes  
 15. Birthplace Little Orleans Md.

16. Informant Mrs. Jessie McCusker (sister)  
 Address Little Orleans Md.

17. Burial Date thereof Jan. 20, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Cemetery  
 Location Little Orleans Md.

18. Funeral director Chas. R. Bast Funeral Home  
 Address Hancock Md.

19. Jan. 17 19 48 Mrs. E. A. Shultz  
 (Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 19 48 10.30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_  
 and that I last saw h...er alive Dead Jan. 17 19 48

Immediate cause of death Pulmonary tuberculosis DURATION 6 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

Deputy Medical Examiner - Allegany Co23. SIGNATURE H.V. Deming M.D. H.V. Deming M.D.

M. D. of \_\_\_\_\_

Address Cumberland Md. Date signed 1-17-48

RECEIVED

JAN 24 1948

ST. LOUIS

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00005

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County Allegany  
 City or town Cumberland Md.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Allegany HospitalHow long in hospital or institution? 1.3/4 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Allegany  
 City or town Little Orleans  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mrs. Theodosia Ashkettle

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

female white married6.(b) Name of husband or wife Harry Ashkettle7. Birth date of deceased (mo., day, yr.) April 13, 1890 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years Months Days If less than one day  
57 9 0 \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Charles Barnes13. Birthplace Pa.14. Maiden name Jane Bishop15. Birthplace Pa.

16. Informant Allegany Hosp. Records  
Cumberland, Md.  
 Address \_\_\_\_\_

17. Burial Date thereof Jan. 16, 1948  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory St. Patrick's Cem.  
 Location Little Orleans, Md.

18. Funeral director Charles R. Bast Funeral Home

Address Hancock Md.

19. Jan. 14, 1948 W.R. Drutz, M.D.  
 (Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 19 48 at 11.15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw h. er alive dead Jan. 13 19 48

Immediate cause of death Waterhouse Freidrichsem about  
24 hrs.

Due to Meningococcemia

Due to \_\_\_\_\_

Other conditions adrenal hemorrhage

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury Medical Examiner Injured at work? Allegany Co.23. SIGNATURE H.V. Deming M.D. H.V. Deming M.D.Address Cumberland Md Date signed 1.14.48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 20 1948

RECEIVED

Within corporate limits

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County Allegany  
City or town Cumberland Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

109 Laing Ave.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 109 Laing Ave.  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Harry James Athey

## 3. (b) Social Security Number

214-07-2666

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white married6. (b) Name of husband or wife Hazel Elizabeth Snyder Athey6. (c) If alive, give age 54 years7. Birth date of deceased (mo., day, yr.) July 29 18868. AGE: Years Months Days It less than one day  
61 5 25 hrs. min.9. Birthplace Keyser W. Va.  
(Town, county, and state)10. Usual occupation Pipefitter

11. Industry or business

12. Name Thomas B. Athey13. Birthplace Keyser W. Va.14. Maiden name Carrie Mydinger15. Birthplace Romney W. Va.16. Informant Gerald AtheyAddress 109 Laing Ave., City.17. Burial Date thereof Jan. 27, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Luke's Cem.Location Cumberland, Md.18. Funeral director John J. HaferAddress Cumberland, Md.19. Jan. 26 19 48 W. R. Fank  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 19 48 at 6:20 PM

I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him in Dead Jan. 24 19 48Immediate cause of death Coronary occlusion DURATION about 5 minutes

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Deputy Medical Examiner - Allegany Co.23. SIGNATURE H. V. Deming M.D. H. V. Deming M.D.  
M. D. RegistrarAddress Cumberland Md. Date signed 1-24-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

FEB 3 1948

BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00007

1. PLACE OF DEATH: Allegany  
 County Cumberland  
 City or town (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
115 Oak St.,  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Allegany  
 City or town Cumberland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 115 Oak St.,  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

3. (a) FULL NAME  
OTTAVIO BARCHIESI

3. (b) Social Security Number

214-07-0960

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Nancy Franze

7. Birth date of deceased (mo., day, yr.) July 12, 1906  
 6. (c) If alive, give age 33 years

8. AGE: Years 41 Months 6 Days 9 If less than one day  
 ..... hrs. .... min.

9. Birthplace Palona, Rome Italy  
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Hirsh Hide Co.

12. Name John Barchiesi  
 13. Birthplace Italy

14. Maiden name Angelina Luniori  
 15. Birthplace Italy

16. Informant Mrs. Nancy Barchiesi  
 Address 115 Oak St., Cumberland, Md.

17. Burial Date thereof Jan. 24, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory St. Patricks Cem.  
 Location Cumberland, Md.

18. Funeral director Charles L. George  
 Address Cumberland, Md.

19. Jan 24 19 48 W.R. Fautz, M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21, 19 48

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
8 Dec, 1947 19 48 to 20 Jan 19 48  
 and that I last saw him alive on Jan 20, 1948

Immediate cause of death Rheumatic Heart disease with mitral stenosis, annular fibrosis & myocarditis.  
 Due to  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE W. Alfred Van Rens  
 M. D. or other  
 Address Cumberland Date signed 23 Jan 48

RECORDED  
JAN 27 1948  
FBI - NEW YORK

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00008

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County ALLEGANY  
City or town CUMBERLAND, MARYLAND  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

MEMORIAL HOSPITALHow long in hospital or institution? 52 DAYS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County ALLEGCity or town LONA CONING  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

BARCLAY, ROBERT MR.

## 3. (b) Social Security Number

214-01-67164. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced MARRIED6. (b) Name of husband or wife GETSON, CORA LEE7. Birth date of deceased (mo., day, yr.) JULY 4 1912 8. (c) If alive, give age 32 years8. AGE: Years 35 Months 6 Days 22 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace MD. Lonaconing, Allegany County  
(Town, county, and state)10. Usual occupation COAL MINER11. Industry or business Consol Coal & Fuel Co. adenocarcinoma12. Name BARCLAY, ALEXANDER13. Birthplace MD. Lonaconing14. Maiden name GARLITZ, VERA15. Birthplace MD. Garrett County16. Informant George McAlpineAddress Lonaconing, Md.17. Burial Date thereof Jan 29 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oak Hill CemeteryLocation Lonaconing, Md.18. Funeral director W. E. EickeltonAddress Lonaconing, Md.19. Jan. 29 1948 W. E. Eickelton, M.D.

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26/48 at 9:45 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1948 to Jan 26 1948and that I last saw him alive on Jan 24 1948

Immediate cause of death \_\_\_\_\_

pneumoniaDURATION 1 weekDue to followingrespiration systemDue to adenocarcinomaOther conditions 6 weeksMajor findings of operations pylorating carcinoma colonDate of op. Jan 15 1948

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE F. Wilson M. D. or other \_\_\_\_\_Address Cumberland Md Date signed 1-26-48

MARGIN RESERVED FOR BINDING

VS A15 9-48-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 3 1948

BUREAU

00009

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1

## 1. PLACE OF DEATH:

County AlleghenyCity or town Oldtown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleghenyCity or town Oldtown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Louise Barth

## 3. (b) Social Security Number

None4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Lewis Barth7. Birth date of deceased (mo., day, yr.) Dec 12 1862 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 85 Months - Days 21 hrs. \_\_\_\_\_ min.9. Birthplace Oldtown, Ind.  
(Town, county, and state)10. Usual occupation Housework11. Industry or business at Home12. Name Samuel Wagner13. Birthplace Unknown14. Maiden name Mary15. Birthplace Unknown16. Informant Mrs Resiah HarrisAddress Oldtown Ind17. Samuel Date thereof Jan 5 48  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Wagner CemLocation Small Oldtown18. Funeral director Louis Stein IncAddress Cumersland19. Jan 5 19 48 Mrs C.A. Shuholtz  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 19 48 at 1:30 A.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 3 19 48 to Jan 3 19 48and that I last saw him alive on Jan 3 19 48Immediate cause of death Lung carcinoma DURATIONDue to Smoking

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE J. J. Armstrong M.D. M. D. or other \_\_\_\_\_Address Paw Paw, W. Va Date signed 1-4-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JAN 13 1948  
BUREAU



Outside of  
City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00010

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany Between Cumberland and  
Rural in Auto. near Old Town Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Dead on arrival at Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Allegany

City or town Old Town Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME

Richard L. Bays

3. (b) Social Security Number

None

4. Sex male 5. Color or race white 6. (a) Single, married, or divorced single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1948 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years \_\_\_\_\_ Months 0 Days 0 If less than one day about  
\_\_\_\_\_ hrs. 15 min.

9. Birthplace Between Cumberland and Old Town Allegany Co., Md.  
(Town, county, and state)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Carl D. Bays

13. Birthplace Nallan W. Va.

14. Maiden name Mary Wilson

15. Birthplace Old Town Md.

16. Informant Mrs. Carl D. Bays

Address Old Town Md.

17. Burial Date thereof Jan. 20 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Old Town Cemetery

Location Allegany Co. Md.

18. Funeral director Louis Stein

Address Cumberland Maryland

19. Jan. 20 19 48 W.R. Hautz M.D.  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 19 48 at about 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him Dead Jan. 19 19 48

Immediate cause of death Exposure DURATION about 15 minutes

Due to being born in an automobile on the way to Memorial Hospital

Due to & weather near zero.

Other conditions Baby had been born about 1/2 before cord was severed.  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury Deputy Medical Examiner Injured at work? Allegany Co

23. SIGNATURE H.V. Deming M.D. H.V. Deming M.D.  
M.D. or other \_\_\_\_\_

Address Cumberland Md. Date signed 1.19.48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 27 1948

SECRET

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In respect age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr Reeves 00011

Reg. Dist. No. 6

<b>1. PLACE OF DEATH:</b> County..... <u>Allegany</u> City or town..... <u>Barton</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>92 years</u> Hospital, institution, or street address where death occurred: <u>Latrobe Street</u> How long in hospital or institution?..... - - - - -		<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Allegany</u> City or town..... <u>Barton</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>Latrobe Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war..... - - - - -	
<b>3. (a) FULL NAME</b> <u>ELLEN BEARD</u>		<b>3. (b) Social Security Number</b> - - - - -	
<b>MEDICAL CERTIFICATION</b>			
<b>4. Sex</b> <u>Female</u>		<b>5. Color or race</b> <u>White</u>	
<b>6. (a) Single, married, widowed, or divorced</b> <u>Widow</u>		<b>6. (b) Name of husband or wife</b> <u>Edward Beard</u>	
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>July 1, 1855</u>		<b>6. (c) If alive, give age</b> - - - - - years	
<b>8. AGE:</b> Years..... <u>92</u> Months..... <u>6</u> Days..... <u>26</u> If less than one day..... hrs. .... min.		<b>20. DATE OF DEATH</b> <u>January 27</u> 19... <u>48</u> at <u>4:25p</u> M	
<b>9. Birthplace</b> <u>Barton, Allegany, Maryland</u> (Town, county, and state)		<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Jan 10</u> 19... <u>48</u> to <u>Jan 27</u> 19... <u>48</u> and that I last saw him alive on <u>Jan 10</u> 19... <u>48</u>	
<b>10. Usual occupation</b> <u>House wife</u>		<b>Immediate cause of death</b> <u>Arteriosclerosis - generalized E2/7/48 aet</u>	
<b>11. Industry or business</b> <u>Own home</u>		<b>Due to</b> <u>Sanity</u>	
<b>12. Name</b> <u>Hugh Beard</u>		<b>Other conditions</b> <u>Sanity</u>	
<b>13. Birthplace</b> <u>Ireland</u>		(Include pregnancy within 3 months of death)	
<b>14. Maiden name</b> <u>unknown</u>		<b>Major findings of operations</b> ..... Date of op. ....	
<b>15. Birthplace</b> - - - - -		<b>Autopsy results</b> .....	
<b>16. Informant</b> <u>Hugh Beard</u> Address..... <u>Barton, Maryland</u>		<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b> .....	
<b>17. Burial</b> (Burial, cremation, or removal. Which?) Date thereof..... <u>Jan. 30, 1948</u> (month) (day) (year) Cemetery or crematory..... <u>Laurel Hill Cemetery</u> Location..... <u>Moscow, Maryland</u>		<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide..... Date of ..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) ..... Means of injury..... Injured at work? .....	
<b>18. Funeral director</b> <u>Ellsworth S. Boal</u> Address..... <u>Westernport, Maryland</u>		<b>23. SIGNATURE</b> <u>Norman Reeves M.D.</u> Address..... <u>Westernport md</u> Date signed..... <u>1-28-48</u>	
<b>19. (Date rec'd by registrar)</b> <u>Jan. 27</u> 19... <u>48</u> <u>Registrar</u>			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00012

Reg. Dist. No. 4

1. PLACE OF DEATH:

County... ALLEGANY  
City or town... CUMBERLAND, MARYLAND  
(if outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:  
MEMORIAL HOSPITAL

How long in hospital or institution? 5 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W. VA. County HAMPSHIRE

City or town... ROMNEY  
(if outside city or town limits, write RURAL and give nearest town)

Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

BENNETT, DANIEL MR.

3. (b) Social Security Number

none

4. Sex MALE 5. Color or race WHITES 6.(a) Single, married, widowed, or divorced WIDOWED

6.(b) Name of husband or wife HAWSE, MARGARET

7. Birth date of deceased (mo., day, yr.) > 1865? 8.(c) If alive, give age..... years

8. AGE: Years 82 Months > Days > If less than one day..... hrs. .... min.

9. Birthplace W. Va.  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business own

12. Name BENNETT JOSEPH

13. Birthplace Unknown

14. Maiden name.....

15. Birthplace.....

16. Informant Le Roy Bennett

Address Kinby, W. Va.

17. burial Date thereof Jan 20, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mountain Dale Cemetery

Location < Hampshire Co. W. Va.

18. Funeral director Louis Stein, Inc

Address Cumberland, Md.

19. Jan 18 1948 W.R. Lantz, M.D.  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 18, 1948 at 8:40A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-13-48 to 1-18-48

and that I last saw him alive on 1-17-48

Immediate cause of death arteriosclerosis myocardial degeneration

Due to.....

Due to.....

Other conditions chronic nephritis multiple urethral stricture  
(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury gunshot Injured at work?

23. SIGNATURE Howard Tolson, M.D. M. D. or other

Address Cumberland, Md. Date signed 1-18-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECORDED  
JAN 27 1948  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00013

DR. DURRETT

## 1. PLACE OF DEATH:

County ALLEGANY  
 City or town CUMBERLAND  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 days  
 Hospital, institution, or street address where death occurred:  
MEMORIAL HOSPITAL  
 How long in hospital or institution? 3 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MARYLAND County ALLEGANY  
 City or town CUMBERLAND  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 203 PENNA. AVE.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

BLACKLIN, ELEANORA MRS.

## 3. (b) Social Security Number

None

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced MARRIED  
 6. (b) Name of husband or wife MR. THOMAS BLACKLIN  
 7. Birth date of deceased (mo., day, yr.) JANUARY 10, 1873  
 6. (c) If alive, give age 83 years  
 8. AGE: Year 75 Month 0 Day 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace WEST VIRGINIA  
 (Town, county, and state)  
 10. Usual occupation HOUSEWIFE  
 11. Industry or business \_\_\_\_\_

12. Name WILLIAM GRIMES (DEC.)  
 13. Birthplace VIRGINIA  
 14. Maiden name MARTHA MAYS (DEC.)  
 15. Birthplace WEST VIRGINIA

16. Informant Thomas Blacklin  
 Address 203 Penna. Ave. Cumb. Md  
 17. Buried Date thereof Jan. 15, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
 Location Cumberland Md

18. Funeral director Louis Steis, Inc.  
 Address Cumberland, Md

19. Jan. 15, 48 W.R. Trautz, M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 12 19 48 at 11:20P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 47 to Jan. 12 48  
 and that I last saw him alive on Jan. 11 48

Immediate cause of death Myocarditis  
Principles - Pneumonia  
chronic Hepatitis  
 Due to \_\_\_\_\_ DURATION 3 yrs  
10 yrs.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

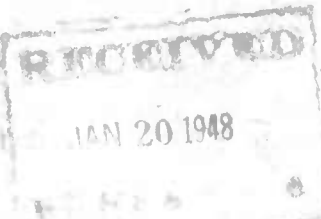
Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Manner of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W.R. Trautz M.D. or other Cumberland  
 Address \_\_\_\_\_ Date signed 1/13/48





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00014

## 1. PLACE OF DEATH:

County Allegheny  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

21 W. Oldtown Road

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Allegheny  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 21 W. Oldtown Road  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

George Washington Bradour

## 3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Louise Perdue

7. Birth date of deceased (mo., day, yr.)

Nov 20, 1890

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

77128

hrs.

min.

9. Birthplace

Wellersburg, Somerset Co., Pa.  
(town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

General Contracting

FATHER

12. Name

Henry J. Bradour

13. Birthplace

Blaine, W. Va.

MOTHER

14. Maiden name

Mahala Junkins

15. Birthplace

Kitzmiller, Md.

16. Informant

Mrs. Bertie Elliott

Address

21 W. Oldtown Rd. Cumberland, Md.

17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

Jan 20, 1948  
(month) (day) (year)

Cemetery or crematory

Cook Cemetery

Location

Wellersburg, Pa.

18. Funeral director

John J. Hafer

Address

Cumberland, Md.

19.

Jan 20, 1948  
(Date rec'd by registrar)W.R. Frank, M.D.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 1819 48 at 4:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 1519 47 toJan. 18, 1948

and that I last saw him alive on

Jan. 16, 1948

Immediate cause of death

Myocarditis

DURATION

6 min

Due to

Strom

Due to

Underlying cause: Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George J. Hafer

M. D. or other

Address

CumberlandDate signed 1/19/48

RECORDED

JAN 27 1948

INDEXED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00015

Reg. Dist. No. 4

1. PLACE OF DEATH: Allegany  
County Cumberland  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Allegany Hospital  
How long in hospital or institution? 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Allegany  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 222 Grand Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME  
AGNES MATILDA BREIGHNER

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife William F. Breighner  
6. (c) If alive, give age 70 years  
7. Birth date of deceased (mo., day, yr.) May 19, 1881  
8. AGE: Years 66 Months 8 Days 1 It less than one day  
hrs. min.

9. Birthplace Cooks Mill, Penna.  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business  
12. Name James T. Mattingly  
13. Birthplace Penna.  
14. Maiden name Rosalie Topper  
15. Birthplace Penna.

16. Informant Mr. William Breighner  
Address 222 Grand Ave., Cumberland, Md.  
17. Burial Date thereof Jan. 23, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory St. Patricks, Cem.  
Location Cumberland, Md.  
18. Funeral director Charles L. George  
Address Cumberland, Md.

19. Jan. 23, 1948  
(Date rec'd by registrar) W.R. Tautz, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20, 1948 at 8:10 A.M.  
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 1, 1948 to Jan. 20, 1948  
and that I last saw her alive on Jan. 19, 1948  
Immediate cause of death Broncho Pneumonia DURATION 3 days  
Due to Diabetes Mellitus 2 yrs  
Due to Arteriosclerosis  
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE W.R. Tautz, M.D. M. D. or other 1/22/48  
Address Date signed

RECEIVED

JAN 27 1948

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00016

### 1. PLACE OF DEATH:

County Allegany  
City or town Cumberland Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 20 Years  
Hospital, institution, or street address where death occurred:  
727 Gephart Drive  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Allegany  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 727 Gephart Drive  
(If rural, give LOCATION)  
2. (a) If veteran, name war World War 1

### 3. (a) FULL NAME

Fred Martin Brown

### 3. (b) Social Security Number

705-05-4994

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
6. (b) Name of husband or wife Martha Norine Ault  
6. (c) If alive, give age 50 years  
7. Birth date of deceased (mo., day, yr.) Feb. 15-1895  
8. AGE: Years 52 Months 10 Days 25 If less than one day  
.....hrs. ....min.

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10 19 48 at about 11 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
19..... to 19.....  
and that I last saw him Dead Jan. 12 19 48

Immediate cause of death Coronary occlusion DURATION at once

Due to.....  
Due to.....  
Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Deputy Medical Examiner Injured at work? Allegany Co.

H. V. Deming M.D. H. V. Deming M.D.  
23. SIGNATURE..... D. or other

Address Cumberland Md. Date signed 1-12-48

9. Birthplace Stevens City Va.  
(Town, county, and state)  
10. Usual occupation Crane operator for B&O.R.Ry.  
11. Industry or business  
12. Name Robert Brown  
13. Birthplace Stevens City, Va  
14. Maiden name Mary L. Brown  
15. Birthplace Stevens City, Va.  
16. Informant Mrs. Ethel M. Cramblitt  
Address 527 Louisiana Ave, Cumberland, Md.  
17. Burial Date thereof Jan 15, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Rosedale Cemetery  
Location Martinsburg, W. Va.  
18. Funeral director William H. Kight  
Address Cumberland, Md.  
19. Jan-14-48 J. R. Tracy, M.D.  
(Date rec'd by registrar) Registrar

RECEIVED  
JAN 20 1948



Outside of  
City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

466

00017

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany  
City or town Near Cumberland Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
LaVale, R. F. D. #1  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Allegany  
City or town Near Cumberland Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. LaVale, R. F. D. #1  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3.(a) FULL NAME

Conrad Whetsell Burk

3.(b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Rebecca Jane Kight  
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1863  
8. AGE: Years 84 Months 10 Days 15 If less than one day hrs. min.

9. Birthplace Bruceton, W. Va.  
(Town, county, and state)

10. Usual occupation Lubrication Engineer

11. Industry or business Oil - Retired

12. Name Richard G. Burk

13. Birthplace Bruceton, W. Va.

14. Maiden name Mary Whetsell

15. Birthplace Oakland, Md.

16. Informant Mrs. Joseph R. Winders

Address LaVale, Cumberland, Md.

17. Burial Date thereof Jan. 14, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Philos Cem.

Location Westernport, Md.

18. Funeral director Charles L. George

Address Cumberland, Md.

19. Jan. 14 19 48 W.B. Huntz, M.D.  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12, 1948 at LaVale, Md.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 3, 1947 to Jan. 12, 1948  
and that I last saw him alive on January 8, 1948

Immediate cause of death congenital heart failure DURATION 3 days

Due to cancer of the stomach 6 months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W.B. Huntz, M.D. M. D. or other

Address 59 Green St. Date signed 1-13-48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JAN 20 1948  
FBI

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00018

## 1. PLACE OF DEATH:

County Allegany  
 City or town Cumberland Md.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Pen-Mar Brick & Supply Co's Plant  
Mapleside, South Cumberland Md.

How long in hospital or institution?

Dead on arrival at Memorial  
Hospital

## 3. (a) FULL NAME

Alfred Franklin Cage

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife Fannie Louise Rinker Cage6. (c) If alive, give age 42 years

7. Birth date of

deceased (mo., day, yr.) March 5 1885

8. AGE:

Years

62

Months

10

Days

14

If less than one day

.....hrs. ....min.

9. Birthplace

Martinsburg W. Va.

(Town, county, and state)

10. Usual occupation

Foreman at brickyard.

11. Industry or business Mfg. of brick.

FATHER

12. Name

Charles E. Cage

13. Birthplace

Cumper Hill W. Va.

MOTHER

14. Maiden name

Leah F. Staub

15. Birthplace

Keedysville, Md.

16. Informant

Address

John M. Cage  
105 Fifth St., Cumberland

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

Jan. 27, 1948  
 (month) (day) (year)

Cemetery or crematory

Keller's Cem.

Location

Cumberland, Md.

18. Funeral director

Address

John J. Tafer  
Cumberland, Md.

19. (Date rec'd by registrar)

Jan. 20 1948 W. A. Taub, M.D.  
 Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Allegany

City or town Cumberland  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 210 Laing Ave.  
 (If rural, give LOCATION)

2. (d) If veteran, name war

## 3. (b) Social Security Number

214-05-5610

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 19 48 at 10.10 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him Dead Jan. 19 19 48

Immediate cause of death

Chronic Myocarditis

DURATION

several  
years

also had hypertension due to  
arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Medical Examiner Allegany Co.

23. SIGNATURE H.V. Deming M.D. H.V. Deming M.D.  
 M. D. or other

Address Cumberland Md. Date signed 1-19-48

RECEIVED

JAN 21 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 000137

## 1. PLACE OF DEATH:

County Allegany  
 City or town mt Savage  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Charles A. Carabine

## 3. (b) Social Security Number

none

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Mrs Francis Carabine

7. Birth date of deceased (mo., day, yr.)

June 9 - 1869

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

7878

hrs.

min.

9. Birthplace

mt Savage - alleg - md  
(Town, county and state)

10. Usual occupation

retired

11. Industry or business

R.R. machinist

MOTHER FATHER

12. Name

Martin Carabine

13. Birthplace

Wheeling, W. Va.

14. Maiden name

Mc Donnell

15. Birthplace

Canada

16. Informant

Mrs Francis Monahan

Address

mt Savage, md

17.

(Burial, cremation, or removal of body)

Date thereof

Jan 20 - 1947  
(month) (day) (year)

Cemetery or crematory

St. Patrick's

Location

mt Savage, md

18. Funeral director

J. J. Dwyer

Address

Greenburg, md

19.

Date rec'd by registrar

Jan 19 - 1948  
Vernice M. Bennett  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

md  
allegany  
mt Savage  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

New River  
(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

January 17, 1948 at 9:25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1947 to Jan 17, 1948and that I last saw him alive on Jan 17, 1948

Immediate cause of death

Exhaustion acute  
disturbance of heart

Due to

arteriosclerosis  
chronic hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. Alan G. Kearney

M. D. or other

Address

Cumberland, MdDate signed Jan 19, 1948

RECEIVED

JAN 22 1948

BUREAU V 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 6

00020

## 1. PLACE OF DEATH:

County AlleganyCity or town Lake  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 years

Hospital, institution, or street address where death occurred:

302 Cromwell St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County alleganyCity or town Lake  
(If outside city or town limits, write RURAL and give nearest town)Street No. 302 Cromwell St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

HANNAH ANN

## 3.(b) Social Security Number

4. Sex Female5. Color or race white6.(a) Single, married, widowed, or divorced Widow6.(b) Name of husband or wife William E. Clark

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 8 1857

8. AGE: Years Months Days If less than one day

83 4 26 hrs. min.8. Birthplace Boston - Allegany - Maryland

(Town, county, and state)

10. Usual occupation Domestic11. Industry or business Own Home12. Name William Polson13. Birthplace unknown14. Maiden name Amy Ellen Moore15. Birthplace unknown18. Informant Marie ClarkAddress Lake Md17. Burial Date thereof Jan. 7 1958

(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory Polson CemeteryLocation Westport, Md18. Funeral director Ellsworth A. BoalAddress Westport, Md.19. Jan-6 19 47 Westport, Md

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 19 48 at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 24 19 45 to Jan 4 19 48and that I last saw him alive on Dec 1 19 47

Immediate cause of death

Cerebral hemorrhageDue to hypertensive cardiovascular disease

Due to

Other conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James A. W. White Jr MDAddress Richmont W. Va Date signed 1-6-48

RECEIVED

JAN 7 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00021

## 1. PLACE OF DEATH:

County AlleganyCity or town Cumberland Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
132 Fredrick St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 132 Fredrick St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Myrtle M. Caughenour

## 3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife William A. Caughenour

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1898

8. AGE: Years Months Days If less than one day

49 7 23 hrs. min.9. Birthplace Pa.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Stylos13. Birthplace Pa.14. Maiden name Unknown

15. Birthplace

16. Informant Wm A CaughenourAddress Cumberland17. Burial Date thereof Jan 12 48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemLocation Cumberland Ind18. Funeral director Louis Stein IncAddress Cumberland19. Jan. 12, 19 48 W.R. Faunt M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1948 11:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. er Dead Jan. 8 1948

Immediate cause of death

Coronary occlusion at once

DURATION

Due to

Due to

Other conditions Hypertention & arteriosclerosis

(include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Deputy Medical Examiner - Allegany Co.23. SIGNATURE H.V. Deming M.D. H.V. Deming M.D.  
otherAddress Cumberland Md. Date signed 1-9-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 20 1948

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00022

## 1. PLACE OF DEATH:

County AlleghenyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred:

232 Kraft Place

How long in hospital or institution:

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County AlleghenyCity or town Lawrence  
(If outside city or town limits write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mrs Leannah Cordelia Dawson

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Andrew Dawson7. Birth date of deceased (mo., day, yr.) July 19, 1859

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 88 Months 5 Days 20 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Sleepy Creek Morgan Co, W. Va.  
(Town, county, and state)10. Usual occupation Housework11. Industry or business At Home12. Name John E. Shepherd13. Birthplace W. Va.14. Maiden name Mary M. Abbe15. Birthplace W. Va.16. Informant Mrs Edith GloverAddress 232 Kraft Place Cumberland, Md.17. Burial Date thereof Jan. 12, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Bier CemeteryLocation near Lawrence, Md.18. Funeral director John J. ZafferAddress Cumberland, Md.19. Jan. 12, 1948 W. R. Hantz, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1948 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 8 1948 to Jan. 9 1948and that I last saw him alive on Jan 8 1948

Immediate cause of death

Chronic MyocarditisChronic HypertensionDue to Coronary Sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. R. Hantz M. D. or otherAddress \_\_\_\_\_ Date signed Jan 12, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-43-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JAN 20 1948

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00623

## 1. PLACE OF DEATH:

County AlleganyCity or town Cumberland Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Allegany HospitalHow long in hospital or institution? 1 day & 1 Hr.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa. County BedfordCity or town Rural) Bedford Valley  
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.D. 3 Bedford Pa.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Mrs. Roseann De Moss

## 3. (b) Social Security Number

None

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

FemaleWhiteWidowed6.(b) Name of husband or wife William R. DeMoss

7. Birth date of

deceased (mo., day, yr.)

Nov. 18, 1875

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

72128

hrs.

min.

9. Birthplace

Bedford Co. Penna.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name George Deremer13. Birthplace Penna.

MOTHER

14. Maiden name Jane Dicken15. Birthplace Penna.

16. Informant

Mrs. Nellie RubyAddress R.D. # 3 Bedford, Penna.

17.

Burial  
(Burial, cremation, or removal. Which?)Date thereof Jan. 19, 1948  
(month) (day) (year)

Cemetery or crematory

Fellowship Cem.

Location

Centreville, Pa.

18. Funeral director

Charles L. George

Address

Cumberland, Md.

19.

Jan. 18, 1948  
(Date rec'd by registrar)W.R. Brantz M.D.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16, 1948 at 1:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 15, 1948 to Jan. 16, 1948and that I last saw her alive on Jan. 15, 1948

Immediate cause of death

General Debility & Cardiac failure

DURATION

a few daysDue to Chronic myocarditisseveral years

Due to

Other conditions Bronchopneumonia 3 weeks previous

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE H.V. Deming M.D. H.V. Deming M.D.

M. D. or other

Address Cumberland Md. Date signed 1-16-48

RECEIVED

JAN 27 1948

BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00024

## 1. PLACE OF DEATH:

County AlleghenyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 28 yrs.

Hospital, institution, or street address where death occurred:

456 Pennsylvania Ave.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleghenyCity or town Cumberland, Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. 456 Penna. Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

William Irwin Diehl

## 3. (b) Social Security Number

220-10-0750

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.)

May 26 1867

8. AGE:

80

Years

Months

Days

If less than one day

7

hrs.

min.

9. Birthplace

Bedford County, Penna.  
(Town, county, and state)

10. Usual occupation

Retired Kelly Worker

11. Industry or business

12. Name Adam Diehl

13. Birthplace

Bedford County, Pa.

14. Maiden name

Hannah Campbell

15. Birthplace

Somerset County, Pa.

16. Informant

Mrs. Ervise A. Hill

Address

456 Penna. Ave.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

Jan 6 48  
(month) (day) (year)

Cemetery or crematory

Cemetery, Dry Ridge

Location

Buffalo Mills Rd #1, Penna.

18. Funeral director

Harvey A. Zeigler

Address

Lyndman, Pa.

19. Jan 5 48

(Date rec'd by registrar)

W.R. Fautz, M.D.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 19 48 at 11:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 3 1947 to Jan 3 1948and that I last saw him alive on Dec 24 1947

Immediate cause of death

Coronary Thrombosis

DURATION

(Sudden)

Due to

Coronary Sclerosis

Due to

chronic myocarditis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

clayb. Fautz

M. D. or other

Address

Cumberland

Date signed

1/5/48







PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 8

## 1. PLACE OF DEATH:

County Allegany  
 City or town Lanacoming  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 70-7-19  
 Hospital, institution, or street address where death occurred:  
Jackson Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County allegany  
 City or town Lanacoming  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Jackson St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Agnes Harper Rankin

## 3. (b) Social Security Number

Dobbie

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife John T. Lebbie  
 7. Birth date of deceased (mo., day, yr.) May, 27, 1877  
 8. AGE: Years 70 Months 7 Days 19 If less than one day  
 6.(c) If alive, give age 4 years

9. Birthplace Lanacoming, allegany, md  
 (Town, county, and state)

10. Usual occupation House work

11. Industry or business Own home

12. Name James Rankin

13. Birthplace Scotland

14. Maiden name Annie Scott

15. Birthplace Scotland

16. Informant Mrs. Elizabeth Rankin

Address Lanacoming, md

17. Burial Date thereof Jan 19, 48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Lanacoming Hill Cemetery

Location md

19. Funeral director M. E. Eickhorn

Address Lanacoming, md

19. Jan 19 19 48 Jannette McBoal  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16 19 48 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/16 19 48 to 1/16 19 48 and that I last saw her alive on 1/16/48 19 48

Immediate cause of death Coronary thromboses

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Eugene Dye, M.D.

Address Lanacoming, md Date signed 1/15/48

RECEIVED

FEB 3 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00026

Reg. Dist. No. 6

## 1. PLACE OF DEATH:

County Allegany  
 City or town Westonport - rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 years  
 Hospital, institution, or street address where death occurred:  
Cemetery road  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany  
 City or town Westonport  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1 Mile East of Westonport  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

JAMES SALETHAIL DODGE

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Virginia Dodge

7. Birth date of deceased (mo., day, yr.) March 29, 1870 6. (c) If alive, give age years

8. AGE: Years 77 Months 9 Days 6 If less than one day hrs. min.

9. Birthplace Stone Alta, Preston, W. Va.  
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own farm

12. Name Allen Dodge

13. Birthplace W. Va.

14. Maiden name Eva Smith

15. Birthplace W. Va.

16. Informant Earl Dodge

Address Westonport, Md

17. Burial Date thereof Jan 9, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Addison Cemetery

Location Addison Farm

18. Funeral director Ellsworth S. Baal

Address Westonport, Md

19. Jan 9, 1948 Registrar Baynaker M.

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1948 at 8:55 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1, 1947 to Jan 5, 1948  
 and that I last saw him alive on Jan 5, 1948

Immediate cause of death Arterio Sclerosis  
Chronic myocarditis  
 Due to Chronic nephritis  
Uremia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

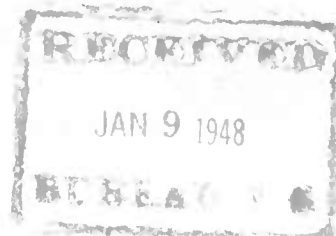
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Norman Reeves M.D.

Address Westonport Md Date signed 1-8-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

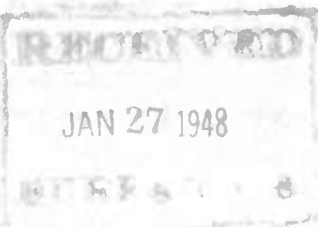
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

00027

Reg. Dist. No. .... 4 .....

<b>1. PLACE OF DEATH:</b> County <u>Allegany</u> City or town <u>Cumberland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution or street address where death occurred: <u>Allegany Hospital</u> How long in hospital or institution? <u>3 hrs</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>md</u> County <u>Allegany</u> City or town <u>Flintstone</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Route #2</u> (If rural, give LOCATION) 2.(a) If veteran, name war _____			
<b>3. (a) FULL NAME</b> <u>Leo Webster Dolly</u>				<b>3. (b) Social Security Number</b> <u>None</u>			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Single</u>		<b>MEDICAL CERTIFICATION</b>	
<b>6. (b) Name of husband or wife</b> _____				<b>20. DATE OF DEATH</b> <u>Jan 22</u> 19 <u>48</u> at <u>3:10 P.M.</u>			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Aug 17, 1947</u>				<b>21. I CERTIFY that death occurred on the date above stated: that I attended deceased from</b> <u>January 22</u> 19 <u>48</u> <b>to</b> <u>Jan 22</u> 19 <u>48</u> <b>and that I last saw him alive on</b> <u>Jan 22</u> 19 <u>48</u>			
<b>8. AGE:</b> Years <u>0</u> Months <u>5</u> Days <u>5</u>		If less than one day _____ hrs. _____ min.		<b>Immediate cause of death</b> <u>bronchopneumonia</u>			
<b>9. Birthplace</b> <u>Cumberland, Allegany Co. Md.</u> (Town, county, and state)				<b>Due to</b> <u>thicken for</u>			
<b>10. Usual occupation</b> <u>Child</u>				<b>Due to</b> _____			
<b>11. Industry or business</b> _____				<b>Other conditions</b> <u>malnutrition</u>			
<b>MOTHER FATHER</b>		<b>12. Name</b> <u>Earl Dolly</u>		<b>Major findings of operations</b> _____			
<b>13. Birthplace</b> <u>Rowney, W. Va.</u>		<b>14. Maiden name</b> <u>Genieve E. Spunking</u>		<b>Autopsy results</b> <u>bronchopneumonia, thick</u>			
<b>15. Birthplace</b> <u>Cumberland Md</u>		<b>16. Informant</b> <u>Earl Dolly</u>		<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>			
<b>Address</b> <u>Rt 2 Flintstone, Md.</u>		<b>17. Burial</b> <u>Dolly Cemetery</u>		<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>			
<b>18. Funeral director</b> <u>John J. Haler</u>		<b>19. Date rec'd by registrar</b> <u>Jan 24 1948</u>		<b>Accident, suicide, or homicide</b> _____ <b>Date of</b> _____			
<b>20. Registrar</b> <u>W.R. Trautz M.D.</u>		<b>21. Signature</b> <u>Elizabeth Dolly M.D.</u>		<b>Where did injury occur?</b> _____ <b>(City or town)</b> _____ <b>(County)</b> _____ <b>(State)</b> _____			
<b>22. Date signed</b> <u>1/24/48</u>		<b>23. Address</b> <u>Ra Vale Md</u>		<b>Injured at home, farm, industry, public place (where?)</b> _____			
<b>24. Date signed</b> _____		<b>25. Address</b> _____		<b>Means of injury</b> _____ <b>Injured at work?</b> _____			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 6

## 1. PLACE OF DEATH:

County Allegheny  
 City or town Luke  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 24 years  
 Hospital, institution, or street address where death occurred:  
209 Pratt St  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegheny  
 City or town Luke  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 209 Pratt St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3.(a) FULL NAME

NORA ETHEL DOVE

## 3.(b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Larry Dove  
 7. Birth date of deceased (mo., day, yr.) April 13, 1894 6.(c) If alive, give age 60 years  
 8. AGE: Years 53 Months 8 Days 18 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Marshall Herdy, W. Va  
 (Town, county, and state)  
 10. Usual occupation Domestic  
 11. Industry or business Own home  
 12. Name Ruby Ritchie  
 13. Birthplace Danville, Virginia  
 14. Maiden name Verdie Galt  
 15. Birthplace Saugers Glen, Virginia  
 16. Informant Larry Dove  
 Address Luke, Md

17. Burial Date thereof Jan 5, 1948  
 (Burial, cremation, or removal, which) (month) (day) (year)  
 Cemetery or crematory Palmer Cemetery  
 Location Westport, Md  
 18. Funeral director Ellsworth Spaul  
 Address Westport, Md

19. Jan 3 19 48 Abrahamson M  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 19 48 at 8:45 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 16 19 46, to Jan 2 19 48  
 and that I last saw him alive on January 2 19 48

Immediate cause of death Pulmonary Edema DURATION 2 Days

Due to chronic Hypertensive and Myocardial Degeneration not specified as Rheumatic 2 Years

Due to Hypertension and Chronic Interstitial Nephritis 10 Years

Other conditions Diabetes Mellitus 10 Years  
 (Include pregnancy within 8 months of death)

Major findings of operations None Date of op. \_\_\_\_\_

Autopsy results None  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: None  
 Accident, suicide, or homicide. Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Paul B Wilson, M.D. M. D. or other \_\_\_\_\_  
 Address Piedmont W. Va. Date signed 1-2-48

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

00029

4

## 1. PLACE OF DEATH:

County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

50 Boone St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 50 Boone  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

John William Drenning

## 3. (b) Social Security Number

none4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Barrie Hall7. Birth date of deceased (mo., day, yr.) April 1 1874 6.(c) If alive, give age \_\_\_\_\_ years8. AGE: Years 73 Months 9 Days 30 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Cumberland Ind.  
(Town, county, and state)10. Usual occupation Boiler maker Retired11. Industry or business B & O Ry12. Name William C. Drenning13. Birthplace Penn.14. Maiden name Evelyn Jackson15. Birthplace Penn.16. Informant John DrenningAddress 50 Boone St. Cumberland Md17. burial Date thereof Feb 3 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Cumberland Md18. Funeral director Domo Stein IncAddress Cumberland19. Feb 2 19 48 W R Tantz, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 19 48 at 11:20 A

21. I CERTIFY that death occurred on the date above stated that attended deceased from

Jan 27 19 48 to Jan 31 19 48and that I last saw him alive on Jan 27 19 48Immediate cause of death Myocardial Infarct DURATION 54 min.Due to Branchial Cystic CystDue to Cholelithiasis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W R Tantz M.D. or other \_\_\_\_\_Address 404 Polk St. Cumberland Date signed 1/31/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Within corporate limits

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore  
CERTIFICATE OF DEATH

00030

Reg. Dist. No. 4

1. PLACE OF DEATH:  
County Allegany  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 40 yrs  
Hospital, institution, or street address where death occurred:  
122 Monroe St.  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State MD County Allegany  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 122 Monroe St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME Elizabeth Katie Duckworth  
3. (b) Social Security Number None

4. Sex Female  
5. Color or race White  
6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife  
7. Birth date of deceased (mo., day, yr.) March 3, 1859  
6. (c) If alive, give age years

8. AGE: Years 88 Months 10 Days 25  
If less than one day hrs. min.

9. Birthplace Frankfort Mineral Co. W. Va.  
(Town, county, and state)

10. Usual occupation Housework  
11. Industry or business at Home

12. Name Silas Duckworth  
13. Birthplace W. Va.

14. Maiden name Rebecca Fogle  
15. Birthplace W. Va.

16. Informant Wrs Frank Goodyear  
Address 122 Monroe St - Cumberland, Md.

17. Burial Jan 30, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Fort Ashby Cemetery  
Fort Ashby W. Va.  
Location

18. Funeral director John J. Hahn  
Address Cumberland Md.

19. Jan 30 19 48 W. R. Frantz M.D.  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 19 48 at 5:45 A.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 28 19 48 to Jan 28 19 48  
and that I last saw her alive on Jan 28 19 48

Immediate cause of death Chronic Myocarditis  
DURATION 24 yrs

Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE R. W. Truaskie Jr  
Cumberland, Md M. D. or other  
Date signed 1/29/48

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00031

Reg. Dist. No. 9

## 1. PLACE OF DEATH:

County Allegheny  
 City or town Frostburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
233 Welsh Hill  
 How long in hospital or institution? Life

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County Allegheny  
 City or town Frostburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 233 Welsh Hill  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Sandra Lee Luss

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov. 11th. 1947 6.(c) If alive, give age..... years

8. AGE: Years 1 Months 29 Days hrs. min.

9. Birthplace Frostburg, Allegheny, Md.  
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name George Luss, Jr.13. Birthplace Frostburg, Md.14. Maiden name Elizabeth Virginia Luss15. Birthplace Frostburg, Md.16. Informant Mr. George LussAddress 233 Welsh Hill, Frostburg17. Burial Date thereof 1-12-1948

(Burial, cremation, or removal, Which) (month) (day) (year)

Cemetery or crematory Allegheny CemeteryLocation Frostburg, Md.18. Funeral director Joseph BakerAddress Frostburg, Md.19. 1-12 1948 Mr. Harvey N. Roe

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1948 at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 9 1948 to January 10 1948 and that I last saw her alive on January 10 1948

Immediate cause of death Bronchial pneumonia DURATION 1 week

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hilda JanssenAddress Frostburg, Md. M. D. or otherDate signed 1/12/48

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

552

00632

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

33 Hawthorne Ave.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 33 Hawthorne Ave  
(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Paul Whalley England

## 3. (b) Social Security Number

214-07-2137

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Mildred Atwell

## 7. Birth date of deceased (mo., day, yr.)

Apr 19, 1902

## 6. (c) If alive, give age

44 years

## 8. AGE:

Years

Months

Days

If less than one day

45827

hrs.

min.

## 9. Birthplace

Cumberland, Allegany Co., Md.  
(Town, county, and state)

## 10. Usual occupation

Machinist

## 11. Industry or business

Chinese Corp of America

## FATHER

## 12. Name

Chas. F. England

## 13. Birthplace

Bellwood Pa.

## MOTHER

## 14. Maiden name

Sarah Whalley

## 15. Birthplace

Cumberland Md.

## 16. Informant

Mrs Paul England

## Address

33 Hawthorne Ave. Camb. Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Jan 19, 1948  
(month) (day) (year)

## Cemetery or crematory

Rose Hill Cemetery

## Location

Cumberland, Md.

## 18. Funeral director

John J. Hafer

## Address

Cumberland Md

## 19. Date rec'd by registrar

Dec. 19, 1948W. F. Tautz, M.D.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 16, 1948 at 8:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 15, 1947 to Jan 15, 1948and that I last saw him alive on Jan 15, 1948

Immediate cause of death

Sarcinoma

DURATION

Primary site not determinedSupraclavicular gland wasremoved & biopsy from whichthe diagnosis was made.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Cumberland Date signed 1/17/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

000833

## 1. PLACE OF DEATH:

County Allegany  
 City or town State Station Run, Lonaconing  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 7 Weeks  
 Hospital, institution, or street address where death occurred:  
Water Station Run  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Saint H. Co.  
 City or town Water Station Run  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war L ✓

## 3. (a) FULL NAME

Amanda Layton Fagenbaker

## 3. (b) Social Security Number

L

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Allen Fagenbaker

7. Birth date of deceased (mo., day, yr.) May 1, 1864 6. (c) If alive, give age 2 years

8. AGE: Years 73 Months 8 Days 11 less than one day hrs. min.

9. Birthplace Farm Garrett Co., Md.  
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

12. Name Peter Layton

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mrs. Delbert Fagenbaker

Address Lonaconing, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan 15, 1948  
 (month) (day) (year)

Cemetery or crematory Oak Hill Cemetery

Location Lonaconing, Md.

18. Funeral director M. C. Calkins

Address Lonaconing, Md.

19. Jan 15 1948 Jannette M. Goal  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12 1948 at 1:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/1/47 to 1/12/48 and that I last saw her alive on 1/12/48

Immediate cause of death Squamous cell Epithelioma of left ear with metastasis to neck

Due to to neck  
 Due to to neck  
 Other conditions to neck

(Include pregnancy within 3 months of death)

Major findings of operations to neck

Autopsy results to neck

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide to neck Date of to neck

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Paul Eugene Frye, M.D.

Address Lonaconing, Md. Date signed 1/13/48

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FEB 3 1948  
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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00054

## 1. PLACE OF DEATH:

County Allegany  
 City or town Rawlings  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 30 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany  
 City or town Rawlings  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Mahalah Jane Flanagan

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Michael Flanagan  
 Died 1917 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Feb. 9, 1866  
 8. AGE: Years 81 Months 11 Days 28 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Pendleton Co., W. Va.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Apson Nelson  
 13. Birthplace Pendleton Co. W. Va.  
 MOTHER 14. Maiden name Mary Ann Lambert  
 15. Birthplace Pendleton Co. W. Va.

16. Informant Harness Flanagan  
 Address Rawlings, Md.

17. Burial Date thereof 1-10-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Washier Cemetery  
Danville, Md.  
 Location

19. Funeral director N. H. Rogers  
 Address Keyser, W. Va.

19. 1/8 48 M. H. Summers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7th. 19 48, at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 25 19 47 to Jan 7 19 48  
 and that I last saw him alive on Jan 8 19 48

Immediate cause of death Pneumonia right lower lobe DURATION 13 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions myocarditis, infarct  
chronic  
 (Include pregnancy within 8 months of death)

Major findings of operations none  
 Date of op. \_\_\_\_\_

Autopsy results no  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide none Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of Injury \_\_\_\_\_ Injured at work?

23. SIGNATURE J. H. Summers M. D. or other  
 Address Keyser, W. Va. Date signed 1-8-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 12 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00035

Reg. Dist. No. 6

## 1. PLACE OF DEATH

County AlleganyCity or town Barton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County AlleganyCity or town Barton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Gloria Jean Foutz

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1948.

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years Months Days If less than one day

3 hrs. 10 min.9. Birthplace Barton-Allegany-Md.  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name James Foutz13. Birthplace Barton, Md.14. Maiden name Thelma Hamilton15. Birthplace Franklin, Md.18. Informant James. FoutzAddress Barton, Md.17. Burial Jan 31, 1948.

(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)

Cemetery or crematory Philos CemeteryLocation Westernport, Md.18. Funeral director Ellsworth S. BoalAddress Westernport, Md.19. Jan 31 19 48

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 19 48 at 12:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 30 19 48 to Jan 30 19 48 and that I last saw her alive on Jan. 30 19 48Immediate cause of death Congenital Edema of lungs DURATION 3 HoursDue to other Congenital Malformations of Cardiovascular System

Due to \_\_\_\_\_

Other conditions Congenital Malformations of both lower extremities  
(Include pregnancy within 3 months of death)Major findings of operations None

Date of op. \_\_\_\_\_

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: None

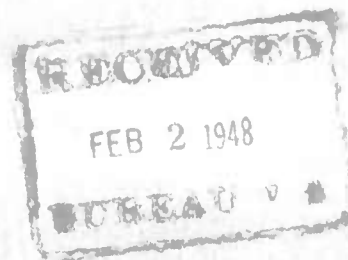
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Paul B Wilson M.D.Address Piedmont, W. Va. Date signed 1-30-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 8

## 1. PLACE OF DEATH:

County Allegany  
 City or town Midland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 48 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany  
 City or town Midland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. —  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war —

## 3. (a) FULL NAME

Elizabeth Rachael Frost

## 3. (b) Social Security Number

—

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband William Frost  
 7. Birth date of deceased (mo., day, yr.) July 21, 1901  
 8. AGE: Years 46 Months 5 Days 17 If less than one day  
 5. (c) If alive, give age — years  
 hrs. min.

9. Birthplace Moscow, Allegany Co., Ind.  
 (Town, county, and state)

10. Usual occupation House work

11. Industry or business Own home

12. Name Charles Sigler

13. Birthplace Creston, Ind.

14. Maiden name Edith Poland

15. Birthplace Barton, Ind.

16. Informant Mrs. Francis Leas

Address Midland, Ind.

17. Burial Date thereof Jan 10 1948  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Laurel Hill Cemetery

Location Moscow, Ind.

18. Funeral director W. E. Eichhorn

Address Lawrence, Ind.

Jan 10 1948 Jenneth M. Coal  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7, 1948 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1946 to Dec 15, 1946

and that I last saw him alive on Dec 15, 1946

Immediate cause of death Coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Henry M. Hodgson M.D.

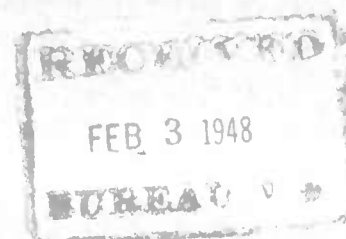
Address Rt 1 Box 132 Cumberland Ind. Date signed Jan 9 1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within 5 days of death  
Do Enfield

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00037

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County ALLEGANYCity or town CUMBERLAND  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 DAYS

Hospital, institution, or street address where death occurred:

MEMORIAL HOSPITALHow long in hospital or institution? 3 DAYS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County ALLEGANYCity or town CUMBERLAND  
(If outside city or town limits, write RURAL and give nearest town)Street No. 227 N. MECHANIC ST.  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

WILSON G. GRANT

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MALEWHITEMARRIED6. (b) Name of husband or wife MARY TOFFNER Myers7. Birth date of deceased (mo., day, year) FEB 27, 19188. AGE: Years Months Days 6. (c) If alive, give age 39 years149 11 3 hrs. min.9. Birthplace Penna.  
(Town, county, and state)10. Usual occupation PAINTER11. Industry or business SELF12. Name GRANT, GEO. D.13. Birthplace W. VA14. Maiden name CARDER, ELLA15. Birthplace MD.16. Informant Mary Myers GrantAddress 227 N. Mechanic St. Cumb.17. Burial Date thereof Feb 2, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hillcrest Burial ParkLocation Cumberland, Md.18. Funeral director Louis Stein, Inc.Address Cumberland, Md.19. Feb. 2, 48 W. P. Trautz, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 30 1948 at 7:20 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1947 to Jan 30 1948and that I last saw him alive on Jan 27 1948Immediate cause of death Cerebral MalignancyMalignancyDue to SuprarenalDue to Cancer: Primary site - Sigmoid

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

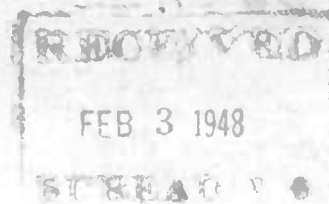
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. TrautzAddress Cumberland M. D. or otherDate signed 1/31/48



*B. E. Phelps*

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

### 1. PLACE OF DEATH:

County Allegheny

City or town Moscow  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegheny

City or town Moscow  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war

### 3. (a) FULL NAME

Sara Elizabeth Green

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Charles Green

7. Birth date of deceased (mo., day, yr.) June 3, 1864

8. AGE: 83 Years 6 Months 0 Days 0 hrs. 0 min.

9. Birthplace Rural location, Garrett Co., Md.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Jefferson, Green

13. Birthplace Not known

14. Maiden name Lidia Broadwater

15. Birthplace Not known

16. Informant Mrs. Mary Clark

Address Lansdowning, Md.

17. Burial Date thereof Jan. 6, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Langet Hill

Location Moscow, Md.

18. Funeral director Wm Winterberg

Address Grantville, Md.

19. Jan 5 19 48 Jefferson, Green, Md.  
(Date rec'd by registrar)

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 19 48 at 2:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 19 46 to Jan. 4 19 48

and that I last saw her alive on Jan 2 19 48

Immediate cause of death Chronic Myocarditis DURATION

and Myocardial Degeneration

with evidence of rheumatic

Condition 2 Years

Due to Senility without Senile

Dementia 2 Years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Antopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following: None

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul R. Wilson, M.D.

Address Piedmont W. Va. Date signed 1-5-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 6 1948

BUREAU • •

3  
C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. *159*

*Dr. Suhl*  
00039  
*9*

## 1. PLACE OF DEATH:

County *allegany*  
City or town *Frostburg*  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
*miners hospital*  
How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *md* County *allegany*  
City or town *Frostburg*  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

## 3. (a) FULL NAME

*Edna Joan Griffith*

## 3. (b) Social Security Number

*none*

## 4. Sex

*F*

## 5. Color or race

*w*

## 6. (a) Single, married, widowed, or divorced

*infant*

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

*Dec 29 - 1947*

## 6. (c) If alive, give age years

## 8. AGE:

*0**0**19**hrs.**min.*

## 9. Birthplace

*Frostburg - alleg - md*  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

FATHER MOTHER

## 12. Name

*Wm Griffith*

## 13. Birthplace

*Frostburg*

## 14. Maiden name

*Laura McKenzie*

## 15. Birthplace

*Wm Griffith*

## 16. Informant

*Wm Griffith*

## Address

*Frostburg, md*

## 17.

*Burial*  
(Burial, cremation, or removal. Which?)

## Date thereof

*Jan 18 48*  
(month) (day) (year)

## Cemetery or crematory

*allegany*

## Location

*Frostburg*

## 18. Funeral director

*J. C. Suhl*

## Address

*Frostburg, md*

## 19.

*1-19*  
(Date rec'd by registrar)*1948**Wm. Harvey N. Roe*  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *January 17* 19 *48*, at *3 P.* M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *December 29* 19 *47*, to *January 17* 19 *48*.  
and that I last saw her alive on *January 17* 19 *48*.

## Immediate cause of death

*Premature birth 6 1/2 mos.*

## DURATION

*19 days*

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

*J. C. Suhl M.D.*

M. D. or other

Address

*Frostburg, Md.*Date signed *1/17/48*



JACOBSON

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00040

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County.....ALLEGANY

City or town.....CUMBERLAND  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

MEMORIAL HOSPITAL

How long in hospital or institution? 13 HOURS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....MARYLAND County.....ALLEGANY

City or town.....CUMBERLAND  
(If outside city or town limits, write RURAL and give nearest town)Street No.....519 ROSE HILL AVE  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

G. LOUIS HAST

## 3. (b) Social Security Number

NONE

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

SINGLE

## 6. (b) Name of husband or wife

None

## 7. Birth date of deceased (mo., day, yr.)

JUNE 14 1879

## 8. AGE:

Years 68

Months 6

Days 21

If less than one day

hrs. min.

## 9. Birthplace

CUMBERLAND MD.  
(Town, county, and state)

## 10. Usual occupation

RETIRED.

## 11. Industry or business

## FATHER

12. Name.....HENRY HAST

13. Birthplace.....MARYLAND

## MOTHER

14. Maiden name.....MARY BERG

15. Birthplace.....MARYLAND

## 16. Informant

MEMORIAL HOSPITAL

## Address

CUMBERLAND

## 17.

BURIAL

Date thereof JAN 7, 48  
(month) (day) (year)

## Cemetery or crematory

ROSE HILL CEM.

## Location

CUMBERLAND

## 18. Funeral director

LOUIS STEIN, INC.

## Address

CUMBERLAND MD.

## 19.

Jan. 7, 48

19. 48

W. L. Fautz, M.D.  
Registar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....JANUARY 5, 1948 8:20 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan 3, 1948, to Jan 5, 1948

and that I last saw him alive on Jan 5, 1948

Immediate cause of death.....Shock following

operation for the

repair of perforated

duodenum

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operation.....large perforation of

Date of op. 1/5/48

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....L. M. Wilson, M.D.

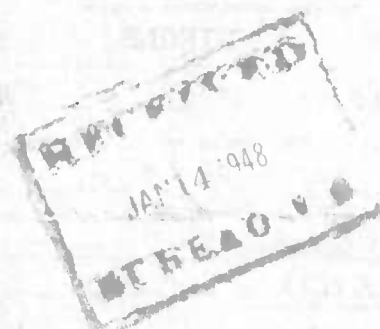
Address.....Cumberland Md. Date signed 1-6-48

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00041

## 1. PLACE OF DEATH:

County AlliganyCity or town Chamberland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 69 yrs.Hospital, institution, or street address where death occurred:  
308 Paca St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlliganyCity or town Chamberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 308 Paca St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Henrietta C Hast.

## 3. (b) Social Security Number

None4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8 18788. AGE: Years 69 Months 11 Days 24 If less than one day  
.....hrs. ....min.9. Birthplace Chamberland Ind.  
(Town, county, and state)10. Usual occupation Dressmaker11. Industry or business at Home12. Name Fredrick Hast13. Birthplace Ind.14. Maiden name Sophia Lockner15. Birthplace Ind.16. Informant Julius C Hast.Address Chamberland17. Burial Date thereof Jan 5 48  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory St Lukes Cem.Location Chamberland Ind18. Funeral director Louis Stein IncAddress Chamberland19. Jan 3 19 48 W. P. Tautz, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 19 48 at 10:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec 27 19 47 to Jan 2 19 48and that I last saw her alive on Dec 31 19 47

Immediate cause of death

Coronary thrombosis DURATION 7 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. M. Treaskis, M.D. M. D. or otherAddress Chamberland, Md Date signed 1/3/48

RECEIVED  
JAN 6 1948  
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00042

DR. JACOBSON

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:  
County... ALLEGANY  
City or town... CUMBERLAND  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 7 days  
Hospital, institution, or street address where death occurred:  
MEMORIAL HOSPITAL  
How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... MARYLAND County... ALLEGANY  
City or town... LAVALE, near Cumberland rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... HOUSE 352  
(If rural, give LOCATION)  
2.(a) If veteran, name war...

3. (a) FULL NAME  
HIGGS, ARBELIA MRS.

3. (b) Social Security Number  
None

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, married, widowed, or divorced MARRIED  
6. (b) Name of husband or wife... MARTIN V. HIGGS  
6. (c) If alive, give age 72 years  
7. Birth date of deceased (mo., day, yr.) March 28, 1877  
8. AGE: Years 70 Months 9 Days 12 If less than one day hrs. min.

9. Birthplace... WEST VIRGINIA  
(Town, county, and state)  
HOUSEWIFE  
10. Usual occupation  
11. Industry or business

FATHER  
12. Name JAMES SCOTT  
13. Birthplace PENNA  
MOTHER  
14. Maiden name MARGARET GRIFFITH  
15. Birthplace WVa

16. Informant Martin V. Higgs  
Address La Vale, Md.  
17. Burial Date thereof Jan 12 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Hill Crest Burial Park  
Cemetery or crematory... Cumberland, Md.  
Location  
18. Funeral director William H. Kight  
Address Cumberland, Md.

19. Jan 12 1948 W.R. Fautz, M.D.  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION  
20. DATE OF DEATH January 10 1948 at 2:10 AM  
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 19 1947 to Jan 10 1948  
and that I last saw her alive on January 9 1948  
Immediate cause of death Acute Myocardial Infarct 2 hours  
DUE TO Hypertension ??  
DUE TO Bulbar Polyp - 22 days  
Vocal cords & Larynx  
Other conditions  
(Include pregnancy within 3 months of death)  
Major findings of operations Laryngoscopy Exam  
removed abraded Date of op. 1/4/48  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE Samuel Jacobson M.D.  
50 Pershing Dr Date signed 1/9/48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 20 1948

STANDARD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00043

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County Allegany  
 City or town Cumberland Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 hrs. & 20 minutes  
 Hospital, institution, or street address where death occurred:  
Allegany Hospital Cumberland Md.  
 How long in hospital or institution? 5 hrs. & 20 minutes

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 124-8th. Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ☒

## 3. (a) FULL NAME

Phillip Samuel Hollar

## 3. (b) Social Security Number

705-09- 3749

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced Divorced  
 6.(b) Name of husband or wife \_\_\_\_\_  
 7. Birth date of deceased (mo., day, yr.) April 30- 1892  
 8. AGE: Years 55 Months 8 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Harrisonburg Va.  
(Town, County, and state)10. Usual occupation B. & O. R. Ry. conductor

## 11. Industry or business

12. Name George W. Hollar  
13. Birthplace Va.14. Maiden name Mary Glover  
15. Birthplace Va.16. Informant Melvin E. Hollar  
Address Martinsburg, W. Va.17. Burial Date thereof Jan. 14th 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill Cem.Location Martinsburg, W. Va.18. Funeral director Louis Stein Inc.  
Address Cumberland, Md.19. Jan. 12, 1948 W. H. Fantz, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12, 1948 at 5:25 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
and that I last saw him alive Jan. 12, 1948Immediate cause of death Intracranial hemorrhage DURATION 5 hrs. & 45 min.Due to contusion of the brainDue to being hit by an automobile while walking on highway #40  
near north end of city limits  
Cumberland Md.  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results as above  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11-11-48Where did injury occur? Cumberland Allegany Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) highway Route 40Means of injury as above Injured at work? no  
Deputy Medical Examiner Allegany Co23. SIGNATURE H. V. Deming M.D. H. V. Deming M.D.  
M. D. of \_\_\_\_\_Address Cumberland Md. Date signed 12-12-48

RECEIVED

JAN 20 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00044

Reg. Diat. No. 9

## 1. PLACE OF DEATH:

County Allegany  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 days  
 Hospital, institution, or street address where death occurred:  
Spencer's Hospital  
 How long in hospital or institution? 6 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Pa. County Allegany  
 City or town Cumberland, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. P. L. No. 5  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Wiles Victoria Horton

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Louis Norton

7. Birth date of deceased (mo., day, yr.) Aug. 14th, 1908 6. (c) If alive, give age 40 years

8. AGE: Years 39 Months 4 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Keyser, W. Va.  
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

12. Name George Miller

13. Birthplace Unknown

14. Maiden name Alice Bell

15. Birthplace Unknown

16. Informant Mr. Louis Norton

Address P. L. No. 5 Cumberland

17. Burial Date thereof 1-13-1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Will Crest Cem.

Location Cumberland, Md.

18. Funeral director Frank Parker

Address Frostburg, Md.

19. 1-12 1948 Ma. Nancy N. Roe  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1948 at 5:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1947, to January 10 1948 and that I last saw her alive on January 10 1948

Immediate cause of death Cardiac failure following 3 hrs- Caesarian Section

Due to Pre-eclamptic Toxemia 2 1/2 mos.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations Normal pregnancy (viable baby wt 6 lbs) Date of op. 1/10/48

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Hilda Jansel Walker, M.D. M. D. or other \_\_\_\_\_  
 Address Frostburg, Md. Date signed 1/10/48

RECEIVED  
JAN 14 1948  
BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Hunter

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00045

Reg. Dist. No. 2

## 1. PLACE OF DEATH:

County AlleghenyCity or town Flintstone (rural)  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 33 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County AlleghenyCity or town Flintstone  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Sadie "Sommerville" Imes

## 3. (b) Social Security Number

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Albert Imes7. Birth date of deceased (mo., day, yr.) October 11, 1874

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 73 Months 2 Days 21 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Paincsburg, Pa.  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own home12. Name Sommerville13. Birthplace Pa.14. Maiden name Perkin15. Birthplace Pa.16. Informant Marshall ImesAddress Flintstone, Md.17. Burial Date thereof January 5, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Glendale CemeteryLocation Flintstone, Md.18. Funeral director John J. HoffAddress Cumberland, Md.19. Jan 5 19 48 Nina L. Bender  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 2, 1948 at 1:05 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 19 47 to Jan 2 19 48  
and that I last saw him alive on Dec 29 19 47Immediate cause of death Cardio Renal

## DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE T Bailey Hunter MD M. D. or otherAddress Cumberland Md. Date signed 1/3/48

RECEIVED

JAN 6 1948

BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00046

## 1. PLACE OF DEATH:

County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 months

Hospital, institution, or street address where death occurred:

10 Pioneer Place

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State West Virginia County MineralCity or town Keyser  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

William Mohler Jackson

## 3. (b) Social Security Number

none

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife Catherine Marie Smith(died 5-29-39)

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Feb 18th. 1865

## 8. AGE:

Years

82

Months

11

Days

0

If less than one day

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Mineral County, W. Va.

(Town, county, and state)

10. Usual occupation Retired Farmer

## 11. Industry or business

12. Name William Henry Jackson13. Birthplace W. Va.14. Maiden name Susan Virginia Mohler15. Birthplace W. Va.16. Informant Howard JacksonAddress 10 Pioneer Place, Cumberland, Md17. Burial Date thereof Jan. 21, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Duling CemeteryLocation Rural near Keyser, W. Va.18. Funeral director Rogers Funeral HomeAddress Keyser, W. Va.19. Jan. 20 19 48 W. R. Lantz, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18th. 19 48, at 11.30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1/15/48 19 48 to 1/18/48 19 48  
and that I last saw him alive on 1/18/48 19 48

Immediate cause of death

Cerebral Hemorrhage

## DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE \_\_\_\_\_

M. D. or other

Address Cumberland, W. Va. Date signed 1/19/48

MARGIN RESERVED FOR BINDING

VS-A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 27 1948

W-454

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00047

## 1. PLACE OF DEATH:

County AlleghenyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Allegheny Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County AlleghenyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 305 Reynolds St.  
(If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

Patricia Ann Jay

## 3. (b) Social Security Number

None4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 9, 1948 6. (c) If alive, give age years8. AGE: Years Months Days If less than one day  
18 hrs. 50 min.9. Birthplace Cumberland, Md.  
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

12. Name Michael M. Jay13. Birthplace Cumberland, Md.14. Maiden name Jacqueline Webster15. Birthplace Sarasota, Fla.16. Informant Michael M. JayAddress 305 Reynolds St., Cumberland, Md.17. Burial Date thereof Jan. 11, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairview Christian CemeteryLocation near Hixmas, Pa.18. Funeral director John J. HooperAddress Cumberland, Md.19. Jan. 11, 48 W.P. Traut, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1948 at 1:50 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9, 1948 to Jan 10, 1948  
and that I last saw her alive on Jan 9, 1948Immediate cause of death Edema of the brainDue to Prolonged hard labor

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. V. Downing M.D. M. D. or otherAddress Cumberland, Md. Date signed 1.10.48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JAN 20 1948

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00048

## 1. PLACE OF DEATH:

County AlleghenyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

30 Orchard St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleghenyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 30 Orchard St  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Betty E. Keel

## 3. (b) Social Security Number

215-26-9306

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1930

## 8. AGE:

Year

Months

Days

If less than one day

17722

hrs.

min.

9. Birthplace Hellersburg, Pa.  
(Town, county, and state)10. Usual occupation Baker & sorter11. Industry or business Garment factory12. Name Shannon P. Keel13. Birthplace Pa.14. Maiden name Carrie Lee15. Birthplace Pa.16. Informant Sherman P. KeelAddress 30 Orchard St.17. Burial Date thereof January 9, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Chaneysville Methodist CemeteryLocation Chaneysville Pa.18. Funeral director John J. IsoperAddress Cumberland, Md.19. Jan 9 19 48 W.R. Trautz, M.D.  
(Date rec'd by Registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 19 48, at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 19 48 to Jan 8 19 48and that I last saw him alive on Jan 8 19 48

Immediate cause of death

DiabetesDue to Acute myocarditis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W.R. Trautz, M.D.Address 133 Va a Date signed 1/8/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





Outside of  
City Limits

Dr. Louis B. Bump

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore  
CERTIFICATE OF DEATH

00049

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:  
County Allegheny  
City or town Rural near Cumberland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 18 yrs.  
Hospital, institution, or street address where death occurred:  
Narrows Park, Route #6  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Ind County Allegheny  
City or town Rural near Cumberland  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Narrows Park, Route #6  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME John Brennan Kelly 3. (b) Social Security Number 214-07-3113

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
6. (b) Name of husband or wife Elsye Twigg  
7. Birth date of deceased (mo., day, yr.) Sept 16, 1882 6. (c) If alive, give age years  
8. AGE: Years 65 Months 4 Days 6 If less than one day hrs. min.

8. Birthplace Shaft, Allegheny Co. Ind.  
(Town, county and state)  
10. Usual occupation Sweeper  
11. Industry or business Belandse Corp of Ind.  
12. Name Peter Kelly  
13. Birthplace Escholt Mines Ind.  
14. Maiden name Annie Brennan  
15. Birthplace Tut Savage Ind.

16. Informant Mrs J. B. Kelly  
Address Rt 6 - Cumberland Ind  
17. Burial Date thereof Jan 24, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Hillcrest Cemetery  
Location Cumberland Ind  
18. Funeral director John J. Zoller  
Address Cumberland Ind  
19. Jan 24, 1948 W. H. Fautz, M.D.  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION  
20. DATE OF DEATH Jan 22 19 48 at 12:00 M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 12 19 47 to Jan 22 19 48  
and that I last saw him alive on Jan 20 19 48  
Immediate cause of death congestion heart failure  
DURATION 3 weeks  
Due to chronic arteriosclerosis 2 yrs  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)  
Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.  
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE W. H. Fautz, M.D. M. D. or other  
Address 58 Greene St. Date signed 1-23-48

RECORDED

JAN 27 1948

BUREAU

Within corporate limits

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00050

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County Allegany  
 City or town Cumberland, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 75 yrs.  
 Hospital, institution, or street address where death occurred:  
County Home, Cumberland, Md.  
 How long in hospital or institution? 8 Yrs.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany  
 City or town Cumberland, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 116 So. Liberty Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Minnie Kieffer Kelso

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow  
 6.(b) Name of husband or wife Scott Kelso  
Deceased 6.(c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) May 11, 1868  
 8. AGE: Years 79 Months 8 Days 20 It less than one day  
hrs. min.

9. Birthplace Washington County, Md.  
 (Town, county, and state)  
House Wife  
 10. Usual occupation  
 11. Industry or business William Kieffer

12. Name Unknown  
 13. Birthplace

14. Maiden name Margaret Ward  
Penn.  
 15. Birthplace

16. Informant George C. Kelso  
 Address 116 So. Liberty St  
Burial Date thereof Feb. 2, 1948

17. (Burial, cremation, or removal, Which?) Burial Date thereof (month) (day) (year)  
Feb. 2, 1948  
 Cemetery or crematorium Ross Hill Cemetery  
Cumberland, Md.  
 Location

18. Funeral director John E. Ward  
 Address Cumberland Md.

19. Feb. 2 19 48 W.R. Faugh M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 19 48 at 12<sup>30</sup> A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec 19 46 to Jan. 31 19 48  
 and that I last saw him alive on Jan. 30 19 48

Immediate cause of death Cerebral Vascular Accident DURATION 5 hrs

Due to Atherosclerosis 8 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur F. Jones M.D. M. D. or other

Address 110 S. Centre St Date signed 1-31-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
FEB 3 1948  
ST. LOUIS

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. **6**

00051

1310

### 1. PLACE OF DEATH

County Allegany  
City or town Barton  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 59 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany  
City or town Barton  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2. (a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

MARTHA JANE Kyle

### 3. (b) Social Security Number

4. Sex Female 5. Color or race white 8. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Harrison Kyle  
7. Birth date of deceased (mo., day, yr.) October 1, 1887  
6. (c) If alive, give age 58 years  
8. AGE: Years 60 Months 54 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Barton, Allegany, Maryland  
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Own home

12. Name Joase Bradley

13. Birthplace Barton, Md

14. Maiden name Martha Mc Simpson

15. Birthplace Barton, Maryland

16. Informant Mrs Harrison Kyle

Address Barton, Md

17. Burial Date thereof Jan. 5, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Laurel Hill Cemetery

Location Moscow, Maryland

18. Funeral director Elmer A. Boral

Address Westport, Maryland

19. Jan. 3 19 48 Harrison Kyle Registrar  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 19 48 at 11:15 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 22 19 47 to Jan 1 19 48

and that I last saw him alive on Jan 1 19 48

Immediate cause of death Pulmonary Edema DURATION 1 Day

Due to Chronic Myocarditis and Myocardial Degeneration Not Specified as rheumatic 1 Year

Other conditions Chronic Interstitial Nephritis 1 Year  
(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: None

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Paul R Wilson M.D. M.D. or other \_\_\_\_\_

Address Piedmont, W. Va. Date signed 1-2-48

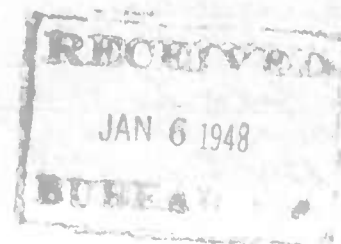
MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.



Outside of  
City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

00052

1. PLACE OF DEATH:

County Allegany  
City or town Near Cumberland Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 79 Yrs 10 Mo 25 Days  
Hospital, institution, or street address where death occurred:  
Rt 3, ~~Cumberland~~, Bottle Run  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany  
City or town Near Cumberland Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Rt 3, Bottle Run  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME

Pertha A. Leasure

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
6.(b) Name of husband or wife  
7. Birth date of deceased (mo., day, yr.) February 23 1868  
8. AGE: Years 79 Months 10 Days 25 If less than one day  
.....hrs. ....min.

9. Birthplace Rt 3, Cumberland, Allegany Co., Md.  
(Town, county, and state)

10. Usual occupation House

11. Industry or business

12. Name William Leasure

13. Birthplace Rt 3, Cumberland, Md.

14. Maiden name Sarah Mauk

15. Birthplace Centerville, Pa.

16. Informant Charles E. Drake

Address Rt 3, Cumberland, Md.

17. Burial Date thereof January 21/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Centenary Cemetery

Location Rt 3, Cumberland, Md.

18. Funeral director William H. Kight

Address Cumberland, Md.

19. Jan 20, 1948 W. H. Kight, M.D.  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1948 at 12 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1918 to 1948  
and that I last saw him live on 1948

Immediate cause of death Death DURATION 18 yrs

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Kight M. D. or other

Address Centerville, Pa. Date signed Jan 20, 1948

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JAN 27 1948

RECEIVED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. GRACIE  
within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00053

Reg. Dist. No. 4

### 1. PLACE OF DEATH:

County **ALEEGANCY**

City or town **CUMBERLAND, MARYLAND**  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

**MEMORIAL HOSPITAL**

How long in hospital or institution? **42 DAYS**

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **PENNA.** County **SOMMERSET**

City or town **BERLINLAND**  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

**LLEWELLYN WYNDOM MR.**

4. Sex **MALE** 5. Color or race **WHITE** 6.(a) Single, married, widowed, or divorced **MARRIED**

8.(b) Name of husband or wife **COBERS, EDITH**

7. Birth date of deceased (mo., day, yr.) **MAY 26, 1885** 6.(c) If alive, give age **59** years

8. AGE: Years **62** Months **7** Days **20** If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace **PA.**  
(Town, county, and state)

10. Usual occupation **RETIRED Farmer**

### 11. Industry or business

12. Name **LLEWELLYN JOHN**

13. Birthplace **ENGLAND**

14. Maiden name **HAINES MARY**

15. Birthplace **ENGLAND**

16. Informant **Memorial Hospital**  
Address **Cumberland, Md.**

17. **Burial** Date thereof **Jan. 19-48**  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **DOOF Cemetery**

Location **Berlin, Pa.**

18. Funeral director **W. A. Johnson**

Address **Berlin, Pa.**

19. **Jan. 18, 1948** **W. G. Gracie, M.D.**  
(Date rec'd by registrar) Registrar

### 3. (b) Social Security Number

**None**

### MEDICAL CERTIFICATION

20. DATE OF DEATH **Jan 16 1948** at **9:15 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Dec 5 1947**, to **Jan 16 1948**

and that I last saw him alive on **Jan 16 1948**

Immediate cause of death **Pneumonia**

Due to **Pneumonia**

Due to **Pneumonia**

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations **Pneumonia**

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? **1**

23. SIGNATURE **W. G. Gracie** M. D. or other

Address **Cumberland** Date signed **Jan 16 48**

MEMORANDUM

TO : THE SECRETARY  
FROM : THE SECRETARY

DATE: JAN 27 1948

JAN 27 1948  
BY: [illegible]

THE SECRETARY  
JAN 27 1948  
[illegible]

RECEIVED  
JAN 27 1948  
[illegible]

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 8

00054

## 1. PLACE OF DEATH:

County AlleganyCity or town Midland - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 36 yrs.

Hospital, institution, or street address where death occurred:

Rural

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County AlleganyCity or town Millers Mine near Midland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1  
(If rural, give LOCATION)2.(a) If veteran, name war no

## 3. (a) FULL NAME

Noah A. Loar

## 3. (b) Social Security Number

1

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Violet Morton Loar

7. Birth date of

deceased (mo., day, yr.)

Dec. 6, 18656.(c) If alive, give age 1 years

8. AGE:

Years

Months

Days

it less than one day

82111

hrs.

min.

9. Birthplace

Dan's Mt. near Vale Summit  
(Town, county, and state)

10. Usual occupation

(Retired) Blacksmith

11. Industry or business

Midland Mining Co.

FATHER

12. Name

Shade Loar

MOTHER

13. Birthplace

Dan's Mt. near Midland

14. Maiden name

unknown

15. Birthplace

unknown

16. Informant

Shade Loar

Address

Midland Ind.

17. (Burial, cremation, or removal, Which?)

Burial

Date thereof

Jan 19, 1948  
(month) (day) (year)

Cemetery or crematory

Allegany Cemetery

Location

Proctorburg, Ind.

18. Funeral director

W. E. Eickhorn

Address

Proctorburg, Ind.

19. (Date rec'd by registrar)

Jan 19, 1948

19. 48

Jan 19, 1948

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan. 17, 194819. 48 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. . . . . to 19. . . . .

and that I last saw h. . . . . alive on 19. . . . .

Immediate cause of death

Coronary Occlusion  
after death

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. . . . . Date of . . . . .

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. D. Dyer M.D.

M. D. or other

Address

Lancaster

Date signed

1/17/1948

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 3 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH Dr J H Wolverton, Jr  
2411 N. Charles St., Baltimore  
CERTIFICATE OF DEATH

Reg. Dist. No. 02055

## 1. PLACE OF DEATH:

County Allegany  
City or town Luke  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 38 years  
Hospital, institution, or street address where death occurred:  
6 Mullen Street  
How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany  
City or town Luke  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 6 Mullen Street  
(If rural, give LOCATION)  
2. (a) If veteran, name war

## 3. (a) FULL NAME

EMMA LEONA McCOMBS

## 3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	8. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Willis B. McCombs</u>			
6. (c) If alive, give age <u>58</u> years			
7. Birth date of deceased (mo., day, yr.) <u>January 18 1890</u>			
8. AGE: Years <u>58</u>	Months <u>0</u>	Days <u>5</u>	If less than one day .....hrs. ....min.
9. Birthplace <u>Elk Garden, Mineral, W. Va.</u> (Town, county, and state) <u>housewife</u>			
10. Usual occupation			
11. Industry or business <u>own home</u>			
12. Name <u>Daniel Moran</u>			
13. Birthplace			
14. Maiden name <u>Lucy Hershberger</u>			
15. Birthplace			

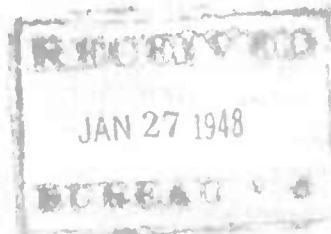
16. Informant <u>Mr Willis B. McCombs</u>	
Address <u>Luke, Maryland</u>	
17. <u>Burial</u>	Date thereof <u>Jan 27, 1948</u>
(Burial, cremation, or removal. Which?)	(month) (day) (year)
Cemetery or crematory <u>Philos Cemetery</u>	
Location <u>Westernport, Maryland</u>	
18. Funeral director <u>Ellsworth S. Boal</u>	
Address <u>Westernport, Maryland</u>	
19. <u>Jan. 26</u>	19 <u>48</u> <u>Krynkaker MD</u>
(Date rec'd by registrar)	Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH <u>January 23</u>	19 <u>48</u> at <u>2:00p</u> M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Nov 22</u> 19 <u>47</u> to <u>Jan 23</u> 19 <u>48</u> and that I last saw him alive on <u>Jan 23</u> 19 <u>48</u>	
Immediate cause of death <u>Cerebral hemorrhage</u>	DURATION <u>2 hours</u>
Due to <u>hypertensive cardiovascular disease</u>	<u>6 yrs</u>
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings of operations	
Date of op.	
Autopsy results	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide	Date of
Where did injury occur?	(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)	
Means of injury	Injured at work?
23. SIGNATURE <u>James H. Wolverton Jr MD</u>	
Address <u>Piedmont W Va</u> Date signed <u>1-26-48</u>	



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

00056 91

### 1. PLACE OF DEATH:

County..... allegany  
City or town..... Franklin, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?.....  
Hospital, institution, or street address where death occurred:  
R. I. #2  
How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... md County..... allegany  
City or town..... Franklin  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... 1870 #2  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

### 3. (a) FULL NAME

Lavina M. McKenzie

### 3. (b) Social Security Number

none

4. Sex..... F 5. Color or race..... W 6.(a) Single, married, widowed, or divorced..... married

6.(b) Name of husband or wife..... W. W. McKenzie

7. Birth date of deceased (mo., day, yr.)..... July 28 - 1884 6.(c) If alive, give age..... 67 years

8. AGE: Years..... 63 Months..... 5 Days..... 25 If less than one day..... hrs. .... min.

9. Birthplace..... middleton - alleg - md.  
(Town, county, and state)

10. Usual occupation..... housewife

11. Industry or business.....

12. Name..... John Maching

13. Birthplace..... England

14. Maiden name..... Emma Standley

15. Birthplace..... England

16. Informant..... W. W. McKenzie

Address..... Franklin, Md.

17. Burial (Burial, cremation, or removal, Which?)..... Burial Date thereof..... Jan 25 - 1948  
(month) (day) (year)

Cemetery or crematory..... Johnson

Location..... Gabett, Ca.

18. Funeral director..... J. J. Purdy

Address..... Franklin

19. 1-25 48 Mrs. Nancy A. Roe  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 22 19..... 48 at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... Jan 22 19..... 48 to..... Jan 22 19..... 48  
and that I last saw him alive on..... Jan 22 19..... 48

Immediate cause of death..... Exhaustion DURATION..... 10 days

Coronary both breasts 8 weeks

Due to..... Coronary heart 4 mos

Due to..... both lungs

Other conditions..... Diabetes 2 years

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... P. C. G. Kuma M. D. or other

Address..... Amherst, Ind. Date signed..... Jan 23

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECORDED  
JAN 27 1948  
BUREAU



DR. C. L. OWENS

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00057

## 1. PLACE OF DEATH:

County ALLEGANY

City or town CUMBERLAND  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 months

Hospital, institution, or street address where death occurred:

MEMORIAL HOSPITAL

How long in hospital or institution? 6HRS 40 MIN

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County ALLEGANY

City or town CUMBERLAND  
(If outside city or town limits, write RURAL and give nearest town)Street No. QUEEN CITY HOTEL  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

PATRICIA A. MERCHANT

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

NOVEMBER 26, 1946

8. AGE:

Years

Months

Days

If less than one day

1

1

14

hrs.

min.

9. Birthplace Cleveland, OHIO  
(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

FATHER

12. Name

LAWRENCE MERCHANT

13. Birthplace

FLORIDA

Mobile, Ala.

14. Maiden name

HELEN HANCHER

15. Birthplace

PENNSYLVANIA

16. Informant

MEMORIAL HOSPITAL

Address

CUMBERLAND, MARYLAND

17.

Burial  
(Burial, cremation, or removal, Which?)Date thereof January 13, 1948  
(month) (day) (year)

Cemetery or crematory

St. Mary's Greek Catholic Cemetery

Location

Windber, Pa.

16. Funeral director

Address

Cumberland, Md.

19.

Jan. 12, 1948  
(Date rec'd by registrar)Wm. Bantz, M.D.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 10 1948 at 10:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 9 - 1948 to Jan 10 1948

and that I last saw her alive on Jan 10 1948

Immediate cause of death

DURATION

Virus Infection 6 days

Due to 2nd Infection

Due to 2nd Infection

Due to 2nd Infection

Other conditions 2nd Infection

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. L. Owens M.D.

Address Cumberland, Md. Date signed 1-11-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WILSON

WILSON

WILSON

WILSON

WILSON

WILSON

RECEIVED  
JAN 20 1948

WILSON

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

131a

00058

Reg. Dist. No.

9

## 1. PLACE OF DEATH:

County AlleganyCity or town Eckhart

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

WILLIAM HENRY MICHAELS

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Anna E. Parker Michaels

## 7. Birth date of deceased (mo., day, yr.)

September 2, 1856

6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

91

4

27

hrs.

min.

## 9. Birthplace

Mt. Savage, Allegany, Maryland

(Town, county, and state)

## 10. Usual occupation

retired

## 11. Industry or business

farmer

FATHER

## 12. Name

Harmon Michaels,  
Germany

## 13. Birthplace

MOTHER

## 14. Maiden name

Cathern Herman

## 15. Birthplace

Germany

## 16. Informant

Mrs. George Lavin,

## Address

Frostburg, Md.

## 17.

Burial

Date thereof Jan. 31, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

St. Peter &amp; Paul Cemetery,

## Location

Cumberland, Md.

## 18. Funeral director

J. R. Durst,

## Address

Frostburg, Md.

## 19.

1-31

19.48

Mrs. Nancy K. Roe  
Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty Allegany

City or town

Eckhart

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

January 29, 1948, at 10:30 A.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 10, 1948, to January 29, 1948

and that I last saw him alive on January 29, 1948

## Immediate cause of death

## DURATION

Coroner - Vascular renal disease

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

H. C. Diehl, M.D.

M. D. or other

Address

Frostburg, Md.

Date signed

1/30/48

RECEIVED  
FEB 3 1948  
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 000594

### 1. PLACE OF DEATH:

County Allegheny  
 City or town Cumt. Ireland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 yrs.  
 Hospital, institution, or street address where death occurred 527 Willey St.  
 How long in hospital or institution? —

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Allegheny  
 City or town Cumt. Ireland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 527 Willey St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war —

### 3. (a) FULL NAME

Agnus Melissa Miller

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife John H. Miller  
 7. Birth date of deceased (mo., day, yr.) Nov. 30, 1868  
 8. AGE: Years 79 Months 1 Days 24 If less than one day — hrs. — min. —

9. Birthplace Culbinton Ind.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Eli Hartsock

13. Birthplace Ind.

14. Maiden name Unknown

15. Birthplace Water V. Miller

16. Informant Cumt. Ireland

Address —

17. Burial Date thereof Jan 26 48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cem

Location Cumt. Ireland Ind.

18. Funeral director Louis Stein Inc

Address Cumt. Ireland

19. Jan 26 19 48 W.R. Trautz, M.D. Registrar  
 (Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 19 48 at 10:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936 to Jan 24 19 48  
 and that I last saw her alive on Jan 9 19 48

Immediate cause of death Cerebral accident DURATION 3 mo

Due to Cerebral arteriosclerosis 12 yrs.

Due to —

Other conditions —

(Include pregnancy within 8 months of death)

Major findings of operations — Date of op. —

Autopsy results —  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

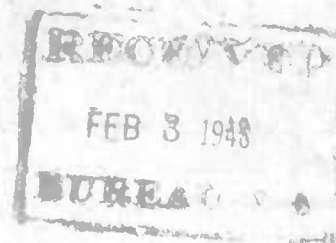
Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Arthur F. Jones M.D. M. D. or other —

Address 110 S. Centre St Date signed 1-26-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

## 1. PLACE OF DEATH?

County AlleghenyCity or town Buttsfield  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Allegheny HospitalHow long in hospital or institution? 3 days

## 3. (a) FULL NAME

Emma Vincent McMahon4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Patrick McMahon6. (c) If alive, give age 19 years7. Birth date of deceased (mo., day, yr.) Sept. 17-18828. AGE: Years 65 Months 3 Days 28 It less than one dayhrs. 28 min.9. Birthplace Moscow, Alleg. Co., Ind.  
(Town, county, and state)10. Usual occupation Dancer

11. Industry or business

12. Name Samuel F. Frazier13. Birthplace Coughlin14. Maiden name Mary Ellen McMahon15. Birthplace Moscow, Ind.16. Informant Mrs. John SeibertAddress P.O. Box 101, Frazier, Ind.17. Burial, cremation, or removal, which? Burial Date thereof Jan. 17, 1948  
(month) (day) (year)Cemetery or crematory St. Joseph's Cem.Location Frazier, Ind.18. Funeral director Joseph WagnerAddress Frazier, Ind.19. Date rec'd by registrar Jan. 16, 1948 Registrar W. B. Gault, M.D.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County AlleghenyCity or town Franklin  
(If outside city or town limits, write RURAL and give nearest town)Street No. P.O. Box 101  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 19 48 at 1:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1/9 19 48 to 1/15 19 48and that I last saw or alive on 1/14 19 48Immediate cause of death laurel of the throat

DURATION

Due to

Due to

Other conditions metastasis to the liver

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. B. Gault, M.D.Address 1/16/48Date signed LaVal

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JAN 20 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00061

## 1. PLACE OF DEATH:

County AlleghenyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 43 years

Hospital, institution, or street address where death occurred:

477 Baltimore Ave.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County AlleghenyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 477 Baltimore Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Benjamin Louis Moreland

## 3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1948 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 27, 1947 to Jan 13, 1948and that I last saw him alive on December 21, 1947

Immediate cause of death

Angina Pectoris

DURATION

4 mos?

Due to

Congestive Cardiac Disease

Due to

with Congestive Heart Failure

Other conditions

Myocardial Infarction4 mos?4 mos?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

Samuel Jacobson

M. D. or other

Address

50 Pershing

Date signed

1/14/486. (b) Name of husband or wife Sara E. Martin Moreland8. (c) If alive, give age 61 years

7. Birth date of

deceased (mo., day, yr.)

November 20, 1881

8. AGE:

Years

Months

Days

If less than one day

66123

hrs.

min.

9. Birthplace

Okonaka, W. Va.

(Town, county, and state)

10. Usual occupation

Piano tuner

11. Industry or business

Own business

FATHER

12. Name

Christopher C. Moreland

13. Birthplace

W. Va.

MOTHER

14. Maiden name

Mary E. Grace

15. Birthplace

W. Va.

16. Informant

Mrs. Sara E. Moreland

Address

477 Baltimore Ave, Cumberland, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

January 16, 1948

(month) (day) (year)

Cemetery or crematory

Pace Hill Cemetery

Location

Cumberland, Md.

18. Funeral director

John J. Hofer

Address

Cumberland, Md.

19. Jan 16, 1948

(Date rec'd by registrar)

W. R. Tautz, M.D.

Registrar

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JAN 20 1948

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00062 4

## 1. PLACE OF DEATH:

County AlleganyCity or town Cumberland Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

26 Orchard St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 26 Orchard St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Perry James Moreland

## 3. (b) Social Security Number

705-07-6675

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11-18868. AGE: Years Months Days If less than one day  
61 0 23 hrs. min.9. Birthplace Levels W. Va.  
(Town, county, and state)10. Usual occupation Trackman, B&O. R. Ry.

## 11. Industry or business

12. Name Francis Moreland13. Birthplace W. Va.14. Maiden name Elizabeth Ullum15. Birthplace W. Va.16. Informant Mrs. Grace WhiteAddress 26 Orchard St. Cumberland, Md.17. Burial Date thereof Jan. 7, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose HillLocation Cumberland, Md.18. Funeral director Charles L. GeorgeAddress Cumberland, Md.19. Jan 7, 1948 W.R. Frantz, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4, 1948 at 7:40 A.M. about

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him Dead Jan. 4, 1948

Immediate cause of death

Pulmonary embolismDURATION at once

Due to

Due to

Other conditions Bronchial asthma several years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Medical Examiner Allegany Co23. SIGNATURE H.V. Deming M.D. H.V. Deming M.D.  
Address Cumberland Md. Date signed 1-4-48

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

950

00063

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:  
County Allegany  
City or town Cumberland Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
On sidewalk in front of 57 Offutt St.  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Md. County Allegany  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 17 Old Town Road  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME Harry T. Neff 3. (b) Social Security Number 705-09-9961

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
6.(b) Name of husband or wife Enna May Lowery Neff  
7. Birth date of deceased (mo., day, yr.) March 4 1885 6.(c) If alive, give age \_\_\_\_\_ years  
8. AGE: Years 62 Months 10 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
9. Birthplace Springfield W. Va.  
(Town, county, and state)  
10. Usual occupation laborer  
11. Industry or business B&O.R.Ry  
12. Name Lee Neff  
13. Birthplace Ind.  
14. Maiden name Rebecca Earson  
15. Birthplace W Va  
16. Informant Mrs Harry T Neff  
Address Cumberland  
17. Burial Date thereof Jan 10 48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Shiloh Cem.  
Location Cumberland  
18. Funeral director Louis Stein Inc  
Address Cumberland  
19. Jan 10 1948 W R Tantz M.D.  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 19 48 11:35 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_  
and that I last saw him in Dead Jan. 8 19 48  
Immediate cause of death Cardiac paralysis DURATION at once  
Due to Hypertrophy of the heart several  
Due to \_\_\_\_\_ years  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.  
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury Medical Examiner Injured at work? Allegany Co.  
23. SIGNATURE H.V. Deming M.D. H.V. Deming M.D.  
Address Cumberland Md. Date signed 1.8.48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00064

## 1. PLACE OF DEATH:

County Allegany  
 City or town Cumberland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 Years  
 Hospital, institution, or street address where death occurred:  
Allegany Hospital  
 How long in hospital or institution? 13 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany  
 City or town Near Cumberland, Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Bowling Green, Rt. #6  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Margaret Norris

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Robert Norris  
 7. Birth date of deceased (mo., day, yr.) July 27 1889 6.(c) If alive, give age 59 years  
 8. AGE: Years 58 Months 5 Days 13 It less than one day  
 hrs. min.

9. Birthplace Lonaconing, Allegany Co., Maryland  
 (Town, county, and state)  
 10. Usual occupation House  
 11. Industry or business 11

MOTHER FATHER  
 12. Name Thomas Russell  
 13. Birthplace Lonaconing, Md.  
 14. Maiden name Margaret Milbourne  
 15. Birthplace Lonaconing, Md.

16. Informant Robert F. Norris,  
 Address Rt 6, Bowling Green, Cumberland, Md.  
 17. Burial Date thereof Jan 12/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Hill Crest Burial Park  
 Location Cumberland, Md.

18. Funeral director William H. Kight  
 Address Cumberland, Md.

19. Jan. 12 19 48 Winters R. Frantz, M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1948 at 4-04 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1 1948 to January 10 1948  
 and that I last saw him alive on January 9 1948

Immediate cause of death cardiac failure DURATION 1 day  
paralytic ileus 2 days  
 Due to after hysterectomy 1-2-48  
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations endometritis  
 Date of op. 12-48

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Winters R. Frantz, M.D. M. D. or other  
 Address 50 Green St. Date signed 1-10-48

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JAN 20 1948

BT 88A 100



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

830

00065

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Allegany  
City or town Danville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State W.Va. County Mineral  
City or town Keyser  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war No

## 3. (a) FULL NAME

Charles Newton Parrish

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Minnie May Spencer  
Oct. 1946 6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1865

8. AGE: Years 82 Months 1 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace New Creek Mineral Co. W.Va.  
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Carpenter

12. Name Peter Parrish

13. Birthplace Va.

14. Maiden name Susan

15. Birthplace Va.

16. Informant Kermit A. Parrish

Address 97 Davis St. Keyser, W.Va.

17. Burial Date thereof Jan. 14, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Family Cemetery

Location Near New Creek

18. Funeral director N. Howard Rogers

Address 85 S. Main St. Keyser, W.Va.

19. 1/14 48 M. J. Hunsatt  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1948 at 11:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 17, 1947 to December 17, 1947 and that I last saw him alive on December 17, 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

24 days

Due to

Arteriosclerosis5 years +

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

23. SIGNATURE

Wm. A. Flick, M.D.

M. D. or other

Address Keyser, W.Va. Date signed 1/12/48

RECEIVED

JAN 15 1948

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ....

00066

1. PLACE OF DEATH:

County Allegany

City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

731 Henderson Blvd. Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany

City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 231 Henderson Blvd.  
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Blanch Paul

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife John Paul

7. Birth date of deceased (mo., day, yr.) Aug 31, 1876

8. AGE: Years 71 Months 4 Days 15 If less than one day hrs. min.

9. Birthplace Cumberland Md  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Joe Schilling

13. Birthplace Stranger

14. Maiden name Mary Louisa Rice

15. Birthplace unk.

16. Informant John Paul

Address Cumberland Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof 1/19/48  
(month) (day) (year)

Cemetery or crematory St. Luke's Cem.

Location Cumberland Md

18. Funeral director Louis Stein Inc.

Address Cumberland

19. Jan. 18, 1948 W.R. Kautz, M.D.  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 19 48 at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2 19 44 to Jan. 16 19 48

and that I last saw h. Dr. alive on January 14 19 48

Immediate cause of death severe coronary occlusion

Due to coronary sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John A. Bell, M.D. M. D. or other

Address La Vale Md. Date signed 1/18

*Handwritten text, mostly illegible due to fading and bleed-through.*

RECEIVED  
JAN 27 1948

*Dr. Elizabeth Bishop*

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00067

Reg. Dist. No. 6

### 1. PLACE OF DEATH:

County Allegheny  
City or town Westernport  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Allegheny  
City or town Westernport  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Maryland Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Baby Boy Pendergast

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
6.(b) Name of husband or wife  
6.(c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) January 3, 1948  
8. AGE: Years Months Days If less than one day 1 hrs. 40 min.

9. Birthplace Westernport, Allegheny, Md.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Joseph Pendergast  
13. Birthplace West Virginia

MOTHER 14. Maiden name Elaine Parker  
15. Birthplace Maryland

16. Informant Joseph Pendergast  
Address Westernport, Md.

17. Burial Date thereof Jan. 3, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Peters  
Location Westernport, Md.

18. Funeral director W. Harold F. Fulkerson Jr.  
Address Piedmont, W. Va.

19. Jan 3 1948  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1948 at 7:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 2nd to Jan. 3rd 1948  
and that I last saw him/her alive on Jan. 3rd 1948  
Immediate cause of death

Signature

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James H. Clendenen, M.D.  
M. D. or other

Address Westernport, Md. Date signed 1/3/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STEFAN LOFFER

DATE CONTENT

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JAN 6 1948  
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 930 00068

### 1. PLACE OF DEATH:

County Allegheny  
City or town Pittsburgh  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 30 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution? None

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MD. County Allegheny  
City or town Pittsburgh  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. P.O. Box 100, Frothing  
(If rural, give LOCATION)  
2(a) If veteran, name war

### 3. (a) FULL NAME

Justus Race

### 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Martilda Sharp Race

7. Birth date of deceased (mo., day, yr.) Nov. 15 - 1867 6. (c) If alive, give age 68 years

8. AGE: Years 80 Months 2 Days 9 It less than one day hrs. min.

9. Birthplace Eckhart, Allegheny, Md.  
(Town, county, and state)

10. Usual occupation Retired State Police

11. Industry or business Coal mines

12. Name Emmace Race

13. Birthplace Germany

14. Maiden name Sophia V. Batt

15. Birthplace Germany

16. Informant Mrs. Josephine Starnes

Address 7141 Sherwood Ave, Parkersburg, W. Va.

17. (Burial, cremation, or removal, Which?) Burial Date thereof 1 - 26 - 1948  
(month) (day) (year)

Cemetery or crematory Forest Cemetery

Location Eckhart, W. Va.

18. Funeral director James D. Daffs

Address Frothing, Md.

19. 1 - 27 19 48 Mrs. Nancy A. Rae  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 1/24 19 48 at 1:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/29 19 47 to 11/28 19 47  
and that I last saw him alive on 11/28/47

Immediate cause of death Generalized toxemia + Tox. myositis DURATION 1 wk.

Due to Acute Respiratory infection type unknown 1 wk.

Due to Generalized arteriosclerosis

Other conditions Post-op cystotomy for benign hypertrophy of bladder 6 mos  
(Include pregnancy within 6 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank T. Harvat MD  
M. D. or other  
Address 59 E. Main St., Martinsburg, W. Va. Date signed 1/27/48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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JAN 29 1948  
BUREAU



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00069

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County Allegheny  
 City or town Cumberland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 2 yrs  
 Hospital, institution, or street address where death occurred:  
118 Elder St.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Allegheny  
 City or town Cumberland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 125 Dexter Place  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Mrs Dolly May Rice

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Milton D. Rice

## 7. Birth date of deceased (mo., day, yr.)

May 29, 1879

## 8. (c) If alive, give age

years

## 8. AGE:

Years 68Months 8Days 2

## If less than one day

hrs. min.

## 9. Birthplace

Cumberland, Allegheny Co. Md.  
(Town, county, and state)

## 10. Usual occupation

House work

## 11. Industry or business

At HomeFATHER  
MOTHER

## 12. Name

Perry E. Welsh

## 13. Birthplace

Ardenas Pa

## 14. Maiden name

Hester Ann Smith

## 15. Birthplace

Ardenas Pa

## 16. Informant

Mrs. F.H. Morgan

## Address

216 Union St Cumberland Md

## 17. Burial

## (Burial, cremation, or removal, Which?)

Date thereof Feb. 2, 1948  
(month) (day) (year)

## Cemetery or crematory

Greenmount Cemetery

## Location

Cumberland Md

## 18. Funeral director

John J. Haler

## Address

Cumberland Md

## 19. Feb. 2, 1948

(Date rec'd by registrar)

W.R. Frank, M.D.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1948 at 12:10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15 1948, to Jan 31 1948  
and that I last saw him alive on Jan 30 1948

## Immediate cause of death

Congestive heart failure

## DURATION

8 days

## Due to

chronic myocarditis

## Due to

arteriosclerosis

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

W.R. Frank

M. D. or other

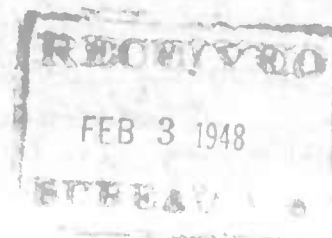
Address

59 Green St.Date signed 1-31-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00070

Reg. Dist. No. 9

## 1. PLACE OF DEATH:

County AlleghenyCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 56 yearsHospital, institution, or street address where death occurred:  
Mine's HospitalHow long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State 2nd County AlleghenyCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 48 2nd Cullum St  
(If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

Mary Ann Pizer

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Arthur T. Pizer7. Birth date of deceased (mo., day, yr.) Sept. 26th 18736. (c) If alive, give age 77 years8. AGE: Years 74 Months 8 Days 0  
If less than one day: hrs. min.9. Birthplace Ohio  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Mr. Lewis13. Birthplace Ohio14. Maiden name Unknown15. Birthplace Unknown16. Informant Benjamin W. PizerAddress 48 2nd Cullum St. Frederick17. Burial Date thereof Jan. 29, 1958  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Episcopal CemeteryLocation Episcopal18. Funeral director Joseph D. PizerAddress Frederick19. 1-27 19 48 Ms. Nancy A. Rue  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26 19 48 12:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1/24 19 48 to 1-26 19 48and that I last saw him alive on 1-25-48 19 48

Immediate cause of death

Myocardial degeneration& acute insufficiencyDue to Coronary Sclerosis andGeneralized Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank T. Hamat MDAddress 59 E. Main St., Frederick Date signed 1/27/48

## DURATION

6 yrs48 hrs6 yrs +



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00071

## 1. PLACE OF DEATH:

County *Allegany*City or town *Cumberland*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Allegany*City or town *Cumberland*  
(If outside city or town limits, write RURAL and give nearest town)Street No. *330 Virginia Ave.*  
(If rural, give LOCATION)2.(a) If veteran, name war *none*

## 3.(a) FULL NAME

*Jeremiah Lawrence Roach*

## 3.(b) Social Security Number

*705-09-8669*

4. Sex

*M*

5. Color or race

*W*

6.(a) Single, married, widowed, or divorced

*Single*

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

*September 9, 1883*

8.(c) If alive, give age years

8. AGE:

Years

*64*

Months

*4*

Days

*9*

If less than one day

hrs. min.

9. Birthplace

*Montgomery, West Va.*  
(Town, county, and state)

10. Usual occupation

*mechanical*

11. Industry or business

*B. and O. R. R. Co.*

12. Name

*James Roach*

13. Birthplace

*Ireland*

14. Maiden name

*Helen Dillworth*

15. Birthplace

*West Va.*

16. Informant

*Rhea Rubin*

Address

*Montgomery, W. Va.*

17.

(Burial, cremation, or removal. Which?)

Date thereof

*Jan. 21, 1948*

Cemetery or crematory

*St. Joseph's Cem.*

Location

*Montgomery, W. Va.*

18. Funeral director

*Louis Stein Inc.*

Address

*Cumberland, Md.*

19.

(Date rec'd by registrar)

*Jan. 19, 1948**W.R. Frank, M.D.*

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

*January 18*19 *48*

at

*3:50 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*2-15-*19 *49*

to

*1-15-48*

and that I last saw him live on

*1-15-48*19 *48*

Immediate cause of death

*Carcinoma Lungs*

DURATION

*1 yr.*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

*Metastatic Carcinoma Lungs*

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

*W.R. Frank, M.D.*

M. D. or other

Address

Date signed

*1-19-48*

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JAN 28 1948  
RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 8

00072

## 1. PLACE OF DEATH:

County Allegany  
 City or town Lonaconing  
 If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 31 years  
 Hospital, institution, or street address where death occurred:  
Douglas Avenue  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Allegany  
 City or town Lonaconing  
 If outside city or town limits, write RURAL and give nearest town)  
 Street No. Douglas Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war no

## 3. (a) FULL NAME

David D. Robertson

## 3. (b) Social Security Number

164-10-3116

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Anna Boston Robertson

6. (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) June 6, 1886

8. AGE: Y 61 Months 7 Days 16 If less than one day hrs. min.

9. Birthplace Lonaconing, Allegany Co., Md.  
 (Town, county, and state)

10. Usual occupation Silk Mill Worker

11. Industry or business General Textile Mills

12. Name Joseph Robertson

13. Birthplace Lonaconing, Md.

14. Maiden name Rebecca Johnson

15. Birthplace Lonaconing, Md.

16. Informant Mrs. David Robertson

Address Lonaconing, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Jan. 25, 1948  
 (month) (day) (year)

Cemetery or crematory Oak Hill Cemetery

Location Lonaconing, Md.

18. Funeral director Wm. Dickerson

Address Lonaconing, Md.

19. Jan. 25, 1948 Jannette M. Boal  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 22, 1948 at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/22/48 to 1/22/48

and that I last saw him alive on 11/22/48

Immediate cause of death Coronary Occlusion

Due to Hypertension (!)

Due to atherosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE Paul Eugene Dye, M.D.

Address Lonaconing, Md. Date signed 1/27/48



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FEB 3 1948

DUBBA



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

96

00073

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County Allegany  
 City or town Cumberland  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

602 Greene St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany

City or town Cumberland  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 602 Greene St.  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

GEORGE KIMBALL ROSAMOND

## 3. (b) Social Security Number

705-05-4655

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Florence Hull</u>		
7. Birth date of deceased (mo., day, yr.) <u>Apr. 5, 1883</u>		
8. AGE: Years Months Days If less than one day		
<u>64</u>	<u>9</u>	<u>15</u> hrs. min.

9. Birthplace Milnersville, Ohio  
 (Town, county, and state)

10. Usual occupation Retired11. Industry or business B. & O. Machinist Foreman12. Name William B. Rosamond13. Birthplace Ohio14. Maiden name Mary Kimball15. Birthplace Ohio16. Informant Mrs. George RosamondAddress 602 Greene St., Cumberland, Md.17. Burial Date thereof Jan. 23, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cem.Location Cumberland, Md.18. Funeral director Charles L. GeorgeAddress Cumberland, Md.19. Jan. 23, 1948 W. H. Tautz, M.D.

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20, 1948 at 10:00 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 22, 1946 to Jan 20, 1948and that I last saw him alive on Jan 20, 1948

Immediate cause of death

DURATION

Due to Myocardial infarctionDue to Abdominal aorta

Other conditions

Blood Wasserman was negative

(Include pregnancy within 3 months of death)

Major findings of operations

X-ray findings - no evidence of tuberculosisAutopsy results no malignancy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Tautz M. D.Address Cumberland, Md. Date signed 7-22-48

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JAN 27 1948  
ST. PAUL, MINN.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00074

## 1. PLACE OF DEATH:

County AlleganyCity or town Cumberland Md  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. Bradlock Rd  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Frank Stewart Rowe

## 3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary Cofiell Cofiell

7. Birth date of

deceased (mo., day, yr.)

Feb. 19, 1869

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

781025

hrs.

min.

9. Birthplace

Gettysburg Penn  
(Town, county, and state)

10. Usual occupation

Shoe & Freight Co.

11. Industry or business

Western Md. (Retired)

FATHER

12. Name

Henry H. Rowe

13. Birthplace

Genoa

MOTHER

14. Maiden name

Johanna Doherty

15. Birthplace

Genoa

16. Informant

Mrs. Frank S. Rowe

Address

Gray Hables Bradlock Rd.

17. Burial

(Burial, cremation, or removal. Which?)

BurialDate thereof 1/17/1948  
(month) (day) (year)

Cemetery or crematory

Druid Ridge Cem.

Location

Baltimore, Maryland

18. Funeral director

Donis Stein

Address

Cumberland Md.

19. Date rec'd by registrar

Jan. 16, 1948

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 19 48 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10-24 19 46, to 1-14 19 48

and that I last saw him alive on

1-9-48

Immediate cause of death

Bronchopneumonia

Due to

Generalized

Due to

Arterio Sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. F. Williams

M. D.

Address CumberlandDate signed 1-15-48

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JAN 20 1948

STREAS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00075

Reg. Dist. No.

9

## 1. PLACE OF DEATH:

County Allegany  
 City or town 36 W. Loo St. Frostburg Md.  
 (if outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 yrs  
 Hospital, institution, or street address where death occurred:  
36 W. Loo St.  
 How long in hospital or institution? ✓

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Allegany  
 City or town Frostburg  
 (if outside city or town limits, write RURAL and give nearest town)  
 Street No. 36 W. Loo St.  
 (if rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Mrs. Sarah C. Seggie

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced Widow  
 6.(b) Name of husband or wife John L. Seggie  
 7. Birth date of deceased (mo., day, yr.) Oct. 17- 1869  
 6.(c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 78 Months \_\_\_\_\_ Days \_\_\_\_\_ It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frostburg Allegany Md  
 (town, county and state)  
 10. Usual occupation Housework  
 11. Industry or business Own home  
 12. Name Tobias Frost  
 13. Birthplace Frostburg Md  
 14. Maiden name Amie L. Muller  
 15. Birthplace Barton, Md  
 16. Informant Mrs Edward P. Madden  
 Address Chicago, Ill.  
 17. Burial Date thereof Jan 11, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Allegany Cemetery  
 Location Frostburg, Md  
 18. Funeral director M. Eichhorn  
 Address Lonaconing, Md  
 19. 1-9 19 48 Mrs Nancy N. Roe  
 (Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 19 48 at 6:15 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
 and that I last saw h. er Dead Jan. 7 19 48

Immediate cause of death Coronary occlusion DURATION at once

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions arteriosclerosis several  
years

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
 Deputy Medical Examiner Allegany Co

23. SIGNATURE H.V. Deming M.D. H.V. Deming M.D.  
 M.D. \_\_\_\_\_  
 Address Cumberland Md. Date signed 1-7-48

13

RECEIVED  
JAN 12 1948  
BUREAU

DR. DURRETT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

00076

1. PLACE OF DEATH:

County ALLEGANY

City or town CUMBERLAND, MARYLAND  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

MEMORIAL HOSPITAL

How long in hospital or institution? 1 DAY

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County ALLEGANY

City or town CUMBERLAND  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 12 LAING AVE.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

SHADWELL BABY BOY Jesse Charles

3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MALE WHITE SINGLE

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) JAN 28, 1948

8. AGE: Years Months Days If less than one day

0 0 1 hrs. min.

9. Birthplace CUMBERLAND MD.  
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name SHADWELL, JESSE

13. Birthplace MD.

14. Maiden name SWICK, VERNA

15. Birthplace W. VA.

16. Informant Jesse C. Shadwell

Address 12 Laing Ave., Cumberland, Md

17. Burial Date thereof January 31, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenmount Cemetery

Location Cumberland, Md.

18. Funeral director John J. Hope

Address Cumberland, Md.

19. Jan. 31, 1948 Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 29, 1948 at 6:10 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 28, 1948 to Jan. 29, 1948

and that I last saw him alive on Jan. 29, 1948

Immediate cause of death

DURATION

Due to Premature

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address

Date signed

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
FEB 3 1948  
ST. HEAL



JACOBSON

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 50 cb 00077 4

## 1. PLACE OF DEATH:

County ALLEGANY  
 City or town CUMBERLAND  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 months  
 Hospital, institution, or street address where death occurred  
Memorial Hospital  
 How long in hospital or institution? 6 DAYS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Missouri County St. Louis  
 City or town St. Louis  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 6110 Clifton Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ✓

## 3. (a) FULL NAME

MRS. ELIZABETH SHERMAN

## 3. (b) Social Security Number

None

4. Sex FEMALE 5. Color or race WHITE 6.(a) Single, married, widowed, or divorced WIDOWED  
 6.(b) Name of husband or wife WILLIAM F. SHERMAN  
 7. Birth date of deceased (mo., day, yr.) JANUARY 6, 1858 - 1858 6.(c) If alive, give age 90 years

8. AGE: Years 89 Months 11 Days 25 It less than one day hrs. min.

9. Birthplace MISSOURI, St. Louis  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name JOHN HINDRA

13. Birthplace BOHEMIA Alsace Lorraine

14. Maiden name ELIZABETH HINDRA Hirshka

15. Birthplace BOHEMIA Alsace Lorraine

16. Informant MEMORIAL HOSPITAL

Address CUMBERLAND, MD

17. Burial Date thereof Jan 3, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Peter and Paul Cem

Location Cumberland, Md.

18. Funeral director John J. Hales

Address Cumberland Md.

19. Jan 3, 1948 W.R. Fautz, M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 1, 1948 19 48 at 4:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 25, 1947 to Jan 1, 1948

and that I last saw her alive on January 1, 1948

Immediate cause of death Cerebrovascular Accident

to left side DURATION 3 days

Due to Thrombotic Cerebral

vascular disease

Due to Myocardial infarction

Arteriosclerosis - Hypertension

Other conditions Metastatic Carcinoma

of lungs - from Carcinoma

(Include pregnancy within 3 months of death)

Arteriosclerosis - Hypertension

Bone, Carcinoma scalp Date of op. ???

Autopsy results Physician: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Injured at work?

Means of injury Injured at work?

23. SIGNATURE Samuel Jacobson M. D. 1/2/48

Address 50 Pershing St Date signed 1/2/48

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JAN 6 1948

BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00078

## 1. PLACE OF DEATH:

County AlleganyCity or town Cumberland Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 monthsHospital, institution, or street address where death occurred:  
20 Arch St.How long in hospital or institution? Memorial Hospital  
dead on admittance.

## 3. (a) FULL NAME

Connie Louise Smith

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept. 24, 19478. AGE: Years Months Days If less than one day  
0 3 19 hrs. min.9. Birthplace Cumberland Md.  
(Town, county, and state) Ally10. Usual occupation None

11. Industry or business

12. Name Lloyd E. Smith13. Birthplace Flintstone, Md. W.Va.14. Maiden name Audrey V. Holliday15. Birthplace Paw Paw W.Va.16. Informant Mr. Lloyd E. SmithAddress 20 Arch St. Cumberland, Md.17. Burial Date thereof Jan. 15, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairview Cem.Location Inglesmith, Penna.18. Funeral director Charles L. GeorgeAddress Cumberland, Md.19. Jan. 15, 1948 W.R. Fautz, M.D.  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 20 Arch St.  
(If rural, give LOCATION)

2. (d) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 19 48 at 9.20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her Dead Jan. 13 19 48Immediate cause of death Congestion of the lungs DURATION 2 daysDue to Whooping Cough about 5 weeks

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Deputy Medical Examiner - Allegany Co.23. SIGNATURE H.V. Deming M.D. H.V. Deming M.D.  
M.D. otherAddress Cumberland Md. Date signed 1-13-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00079

## 1. PLACE OF DEATH:

County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

570 Rich Ave.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 570 Rich Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

John William Smith

## 3. (b) Social Security Number

215-16-48594. Sex Male 5. Color of race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Ella Beamer Smith7. Birth date of deceased (mo., day, yr.) Oct 22, 18738. AGE: Years 74 Months 2 Days 23 If less than one day9. Birthplace Cumberland Ind.  
(Town, county, and state)10. Usual occupation Contractor - Bricklayer11. Industry or business own Business12. Name John Smith13. Birthplace unk.14. Maiden name Elizabeth Roth15. Birthplace unk.16. Informant Mrs. Ella Beamer SmithAddress 570 Rich Ave. Cumberland17. Burial Date thereof Jan 19, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hillcrest Burial ParkLocation Cumberland, Md.18. Funeral director Louis Stine Inc.Address Cumberland, Md.19. Jan 18, 1948 W. H. Bantz, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15, 1948 at 11:35 A21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 1-8-1948 to 1-15-1948and that I last saw him alive on 1-15-1948

Immediate cause of death

Coronary ThrombosisCoronary Arterio-SclerosisDue to Sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations noneDate of op. noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Bantz M. D. or otherAddress Cumberland Date signed 1-15-48

H. G. Mallard

RECEIVED

JAN 27 1948

RECEIVED



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

439 Arch St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 439 Arch St.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Paul D. Dipton

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17 18928. AGE: Years 65 Months 11 Days 25 It less than one day hrs. min.9. Birthplace Perseis Mill, W. Va.  
(Town, county, and state)10. Usual occupation carpenter11. Industry or business Ship Yard12. Name Jackson Spencer13. Birthplace W. Va.14. Maiden name Lease15. Birthplace W. Va.16. Informant Mrs. Corine PolingAddress 439 Arch St., Cumberland, Md.17. Burial Date thereof Jan 15, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fort Ashby CemeteryLocation Fort Ashby, W. Va.18. Funeral director Louis Stein, Inc.Address Cumberland, Md.19. Jan. 15, 1948 W.R. Trout, M.D.  
(Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 19 48 at 12 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 16 19 47 to Jan 12 19 48and that I last saw him alive on Jan 11 19 48

Immediate cause of death

Cancer - stomach, scirrhus type 10 weeks.Due to Cachexia secondary to  
cancer

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Stomach cancercancer stomach Date of op. Sep. 17, 1948Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date ofWhere did injury occur? None  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE Wybert M. J. M.D.  
M. D. or otherAddress Cumberland, Md. Date signed 1-13-48

RECEIVED

JAN 20 1948

BUREAU



MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore  
CERTIFICATE OF DEATH

1600

00081

Reg. Dist. No. 4

1. PLACE OF DEATH:  
County Allegany  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? life  
Hospital, institution, or street address where death occurred:  
Allegany Hospital  
How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Allegany  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 213 Davidson Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME  
BABY BOY STRAW

3. (b) Social Security Number  
None

4. Sex Male  
5. Color or race White  
6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 2, 1948  
6. (c) If alive, give age years

8. AGE: Years 0 Months 0 Days 6 If less than one day hrs. min.

9. Birthplace Cumberland, Allegany, Maryland  
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name John Straw

13. Birthplace Hampshire County, W. Va.

14. Maiden name Anna Rank

15. Birthplace Cumberland, Md.

16. Informant John Straw

Address 213 Davidson St. Cumberland, Md.

17. Burial Date thereof 1/9/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hill Crest Burial Park

Location Cumberland, Md.

18. Funeral director William H. Kight

Address Cumberland, Md.

19. Jan 9, 1948 W.R. Fautz, M.D.  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1948 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948 to 1948

and that I last saw her alive on 7 Jan 1948

Immediate cause of death premature separation

Due to Placental

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fuller B. Whitworth  
M. D. or other  
Address Date signed



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

DR. BROADRUP

1. PLACE OF DEATH  
ALLEGANYCounty.....  
City or town..... CUMBERLAND, MARYLAND  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

MEMORIAL Hospital

How long in hospital or institution? 85 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State..... MARYLAND County..... ALLEGANY  
City or town..... CUMBERLAND  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 227 SPRINGDALE ST.,  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

CHARLOTTE SUSLSER SULSER

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FEMALE

WHITE

INFANT

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) oct. 5, 1947

8. AGE: Years Months Days If less than one day  
0 3 23 85 hrs. min.9. Birthplace..... CUMBERLAND, MARYLAND  
(Town, county, and state)

10. Usual occupation..... Infant

11. Industry or business

12. Name..... ROBERT SULSER  
13. Birthplace..... MARYLAND14. Maiden name..... MARY RUTH FRENCH  
15. Birthplace..... MARYLAND16. Informant..... Robert F. Sulser  
Address 227 Springdale St.17. Burial Date thereof January 29, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory 2107 Memorial Park

Location Cumberland, Md.

18. Funeral director..... John J. Hofer

Address Cumberland, Md.

19. Jan. 29, 1948 W.P. Tautz, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... JAN. 28, 1948..... 19..... at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 5, 1947, to January 28, 1948, and that I last saw him alive on January 28, 1948.

Immediate cause of death

DURATION

Premature  
Infant, about 5 months  
duration and weight  
(2) two pounds.  
(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Date signed 1-28-48

RECEIVED  
FEB 3 1948  
OFFICE OF THE  
DIRECTOR

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00083

DR. W. F. WILLIAMS

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County ALLEGANY

City or town CUMBERLAND  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

MEMORIAL HOSPITAL

How long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County ALLEGANY

City or town CUMBERLAND, MARYLAND  
(If outside city or town limits, write RURAL and give nearest town)Street No. Route 74  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

TASCHENBERGER, ANNA K. MRS.

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FEMALE

WHITE

MARRIED

6. (b) Name of husband or wife RAYMOND TASCHENBERGER

6. (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) NOVEMBER 11, 1909

8. AGE: Years Months Days If less than one day  
38 1 27 hrs. min.9. Birthplace WEST VIRGINIA  
(Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business Own home

12. Name LAWRENCE ROELKE

13. Birthplace MARYLAND

14. Maiden name MARY THOMAS

15. Birthplace MARYLAND

16. Informant Raymond Taschenberger

Address Rt. 4, Cumberland, Md.

17. Burial Date thereof Jan. 11, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Cumberland, Md.

18. Funeral director John J. Hines

Address Cumberland, Md.

19. Jan. 9, 1948 W.R. Krutz, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8, 1948 at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-13-47, to Jan 8, 1948

and that I last saw him alive on Jan 7, 1948

Immediate cause of death

Chronic Hypertension (Arteriosclerosis)

Due to Chronic Hypertensive Heart Disease

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
14-14 1948  
O. H. O. O. O.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 9

00084

## 1. PLACE OF DEATH:

County Allegany  
 City or town Frostburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 days  
 Hospital, institution, or street address where death occurred:  
Sumner Hospital  
 How long in hospital or institution? 10 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County Allegany  
 City or town Frostburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 207 Center St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Ernest Lennell Thomas

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Ida J. Sharp  
 7. Birth date of deceased (mo., day, yr.) Mar. 29 1877 6. (c) If alive, give age 70 years  
 8. AGE: Years 70 Months 9 Days 10 If less than one day hrs. min.

9. Birthplace Carroll, Allegany, Md.  
(Town, county, and state)10. Usual occupation Retired Miner11. Industry or business Coal Miner12. Name James B. Thomas13. Birthplace Tenn.14. Maiden name Margaret B. Watkins15. Birthplace Pa.16. Informant Ed. L. ThomasAddress 221 Center St. Frostburg, Md.17. Burial Date thereof 1-14-1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Allegany CemeteryLocation Frostburg, Md.18. Funeral director Joseph B. BagerAddress Frostburg, Md.19. 1-10-48 Mr. Nancy H. Roe  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1948 at 12:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 31, 1947 to January 10, 1948  
 and that I last saw him alive on January 10, 1948.

Immediate cause of death Hypertensive Carder-vascular disease  
 DURATION 2 years

Due to

Due to arterio-sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H.C. Diehl, M.D.Address Frostburg, Md. Date signed 1/10/48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00085

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 yrsHospital, institution, or street address where death occurred:  
125 Springdale St

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 125 Springdale St  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Bora Inae Twigg

## 3. (b) Social Security Number

None4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 13 18778. AGE: Years 70 Months 6 Days 22 If less than one day  
hrs. min.9. Birthplace Oldtown Ind.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Charles H Twigg13. Birthplace Ind.14. Maiden name Susan Farlow15. Birthplace Ind.16. Informant Charles TwiggAddress Cumberland17. Burial Date thereof Jan 8 48  
(Burial, cremation, or removal) Which? (month) (day) (year)Cemetery or crematory Rose Hill CemLocation Cumberland18. Funeral director John Stein IncAddress Cumberland19. Jan 7 19 48 W.R. Fawcett M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 19 48 at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 47 to Jan 5 19 48and that I last saw him alive on Jan 5 19 48

Immediate cause of death

Coronary Thrombosis DURATION antDue to Atherosclerosis 5 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clay Twigg M. D. or otherAddress Cumberland Date signed 1/6/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



DR. ENFIELD

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00086

## 1. PLACE OF DEATH:

County ALLEGANY  
City or town CUMBERLAND, MD.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

MEMORIAL Hospital  
How long in hospital or institution? 5 DAYS2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State MARYLAND County ALLEGANY  
City or town OLDTOWN  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

JAMES CLAUDE TWIGG

## 3. (b) Social Security Number

705-09-98084. Sex MALE 5. Color or race WHITE 6.(a) Single, married, widowed, or divorced MARRIED6.(b) Name of husband or wife MARTHA TURNER7. Birth date of deceased (mo., day, yr.) APRIL 20, 1898 8.(c) If alive, give age 42 years8. AGE: Years 49 Months 9 Days 10 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace MARYLAND  
(Town, county, and state)10. Usual occupation Boiler maker11. Industry or business B & O Railroad12. Name JOHN TWIGG13. Birthplace MARYLAND14. Maiden name MARY SHRYOCK15. Birthplace MARYLAND16. Informant Mrs. James C. TwiggAddress Rt. 1, Oldtown, Md17. Burial Date thereof Feb. 2, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Mt. Taber Methodist CemeteryLocation Spring Gap, Md.18. Funeral director W. G. HesterAddress Cumberland, Md.19. Feb. 2, 1948 W. R. Frantz, Md.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 30 1948 10:30 A21. I CERTIFY that death occurred on the date above stated; That I attended deceased from Jan 25 - 28 1948  
and that I last saw him alive on Jan 30 1948Immediate cause of death General Peritonitis DURATION \_\_\_\_\_Due to Peritonitis duodenalDue to ulcer

Other conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major findings of operations Perforatedduodenum Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. R. Frantz M. D. or other \_\_\_\_\_Address \_\_\_\_\_ Date signed 1/31/48

RECEIVED

FEB 3 1948

BUFILE

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

00087

## 1. PLACE OF DEATH:

County Allegany  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

1116 Bedford St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1116 Bedford St.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Lawson Nathan Wagner

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteWidowed6. (b) Name of husband or wife Grace Beasley Wagner

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

July 11, 1884

8. AGE:

Years

Months

Days

If less than one day

63525

hrs.

min.

9. Birthplace

Cumberland, Md.

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Real Estate

FATHER

12. Name

Nathan Wagner

13. Birthplace

Maryland

MOTHER

14. Maiden name

Frances Long

15. Birthplace

W. Va.

16. Informant

Mrs. Nathan Hauger

Address

1116 Bedford St. Cumberland, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan. 9, 1948  
(month) (day) (year)

Cemetery or crematory

Rose Hill Mausoleum

Location

Cumberland, Md.

18. Funeral director

Charles L. George

Address

Cumberland, Md.

19. Jan. 9, 1948

(Date rec'd by registrar)

W. H. Trout, M.D.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6, 1948 at 9:00 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 15, 1947 to Jan 6, 1948and that I last saw him alive on Jan 5, 1948

Immediate cause of death

DURATION

Myocardial Infarction 2 yrsDue to Cerebral aneurysm

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

1-8-48



Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

00088

1. PLACE OF DEATH:

County Allegany

City or town Cumberland Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Queen City Hotel, Cumberland Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Allegany

City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 147 Hanover St.

(If rural, give LOCATION)

2.(a) If veteran, name war No war

3. (a) FULL NAME

Ozzie Banks Washington

3. (b) Social Security Number

213-18-2041

4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced widower

6. (b) Name of husband or wife Ruth Frances 'Berkley' Washington

7. Birth date of deceased (mo., day, yr.) Dec. 5-1885

8. AGE: Years 62 Months 1 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Martinsburg, Berkeley, W. Va.  
(Town, county, and state)

10. Usual occupation Brker

11. Industry or business Hotel

12. Name William Washington

13. Birthplace Unknown

14. Maiden name Anna

15. Birthplace Unknown

16. Informant Spurgeon B. Washington

Address 207 Wallace St, Cumberland Md

17. Burial, cremation, or removal, Which? Burial Date thereof Jan 31, 1948  
(month) (day) (year)

Cemetery or crematory Washington Family Cem

Location Wiley Ford, West Va.

18. Funeral director John J. Hafer

Address Cumberland, Md.

19. Jan 31 1948 Wiley Ford, West Va.  
(Date rec'd by registrar) (Place)

MEDICAL CERTIFICATION

about

20. DATE OF DEATH Jan. 28 19 48 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him Dead Jan. 28 19 48

Immediate cause of death Chronic parenchymatus nephritis

DURATION

about 2

Due to \_\_\_\_\_ years

Due to \_\_\_\_\_

Other conditions edema & hypertention

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_ Date of op. \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE H. V. Deming M.D. H. V. Deming M.D.  
M. D. \_\_\_\_\_

Address Cumberland Md. Date signed 1-28-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FFB 3 1948

STREAN 10



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

00089

9

## 1. PLACE OF DEATH:

County AlleghenyCity or town Freshburg  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

102 Maple St.How long in hospital or institution? 3 years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa. County AlleghenyCity or town Freshburg  
(If outside city or town limits, write RURAL and give nearest town)Street No. 102 Maple St.  
(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Mary Weston

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

James Weston

## 6. (c) If alive, give age years

## 7. Birth date of

deceased (mo., day, yr.)

Mar. 28 - 1856

## 8. AGE:

Years

Months

Days

If less than one day

9189

hrs.

min.

## 9. Birthplace

Eastport Allegheny, Md.  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

## FATHER

## 12. Name

William Lewis

## 13. Birthplace

England

## MOTHER

## 14. Maiden name

Ann Price

## 15. Birthplace

Wales

## 16. Informant

Mrs. Ray Mayes

## Address

102 Maple St. Freshburg, Md.

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

1-10-1948  
(month) (day) (year)

## Cemetery or crematory

Green Cemetery

## Location

Freshburg, Md.

## 18. Funeral director

James Wager

## Address

Freshburg, Md.

## 19.

1-1019. 48Mr. Nancy N. Roe  
Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 19 48 at 3:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 30 19 47 to Jan 7 19 48and that I last saw her alive on Jan 6 19 48

## Immediate cause of death

arterio sclerosis

## DURATION

several years

## Due to

Senility

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

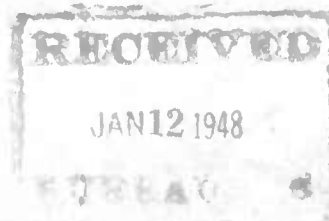
## 23. SIGNATURE

Wom Lane MD

M. D. or other

## Address

Freshburg MdDate signed 1-8-48



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 9

### 1. PLACE OF DEATH:

County Allegany  
City or town Frostburg  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
12 Wbl St  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Allegany  
City or town Frostburg  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 12 Wbl St  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Henry F. Wiebrecht

### 3. (b) Social Security Number

215-16-4986

#### 4. Sex

Male

#### 5. Color or race

White

#### 6. (a) Single, married, widowed, or divorced

Widowed

### 6. (b) Name of husband or wife

Susaw Wiebrecht

#### 7. Birth date of deceased (mo., day, yr.)

July 22, 1873

#### 6. (c) If alive, give age..... years

#### 8. AGE:

Years

Months

Days

If less than one day

74

5

13

hrs.

min.

#### 9. Birthplace

Frostburg, Allegany, Md.  
(Town, county, and state)

#### 10. Usual occupation

laborer

#### 11. Industry or business

Ice plant

MOTHER FATHER

#### 12. Name

Conrad Wiebrecht

#### 13. Birthplace

Germany

#### 14. Maiden name

Elizabeth

#### 15. Birthplace

unknown

#### 18. Informant

David Wiebrecht

#### Address

Frostburg, Md.

#### 17.

Burial

Date thereof

Jan 8, 1948  
(month) (day) (year)

#### Cemetery or crematory

Flow Evan + Reform Cemetery

#### Location

Frostburg, Md.

#### 18. Funeral director

J. R. Wiest

#### Address

Frostburg, Md.

#### 19. 1-7

(Date rec'd by registrar)

#### 19. 48

Mr. Nancy V. Roe  
Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 6, 1948 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 10, 1947 to January 6, 1948

and that I last saw him alive on January 6, 1948

#### Immediate cause of death

Chronic myocarditis

#### DURATION

1 year

#### Due to

Arterio-sclerosis

2 yrs.

#### Due to

#### Other conditions

(Include pregnancy within 3 months of death)

#### Major findings of operations

#### Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Meane of injury..... Injured at work?

#### 23. SIGNATURE

H. C. Wiest, M.D.

M. D. or other

Address Frostburg, Md. Date signed 1/7/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 16 1948

BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00091

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

## 1. PLACE OF DEATH:

County Allegany  
 City or town Cumberland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 54 Years  
 Hospital, institution, or street address where death occurred:  
Allegany Hospital  
 How long in hospital or institution? 6 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Allegany  
 City or town Cumberland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 747 Fayette St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Alice Willison

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow  
 6. (b) Name of husband or wife Charles C. Willison  
 7. Birth date of deceased (mo., day, yr.) February 24 1872  
 6. (c) If alive, give age years  
 8. AGE: Years 75 Months 10 Days 22 If less than one day hrs. min.

9. Birthplace Portland, Maine  
 (Town, county, and state)  
 10. Usual occupation House  
 11. Industry or business

12. Name Charles A. Robinson  
 13. Birthplace Portland Maine  
 14. Maiden name Sophronia L. Winslow  
 15. Birthplace Portland, Maine

16. Informant Miss Mildred Willison  
 Address 747 Fayette St. Cumberland, Md.

17. Burial Date thereof January 18/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Hill Crest Burial Park  
 Location Cumberland, Md.

18. Funeral director William H. Kight  
 Address Cumberland, Md.

19. Jan. 18 1948 W.R. Tautz, M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1948 at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9 1948 to Jan 16 1948  
 and that I last saw him alive on Jan 16 1948  
 Immediate cause of death

DURATION

Cerebral apoplexy  
 Due to  
 Due to  
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE R. B. Weatherly  
 M. D. or other  
 Address 49 Green St Date signed 1-16-48

RECEIVED

JAN 27 1948

STEF

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 7

00092

## 1. PLACE OF DEATH:

County Allegany  
City or town Cumberland Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Va. Ave. W. Md. R. Ry. crossing, River Road.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County AlleganyCity or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1005 Lafayette Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Blanche Wolford

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

female white single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 19028. AGE: Years Months Days If less than one day  
45 4 4 hrs. min.9. Birthplace North River W. Va.  
(Town, county, and state)10. Usual occupation Housework

11. Industry or business

12. Name William Wolford13. Birthplace W. Va.14. Maiden name Mary Wolford15. Birthplace W. Va.16. Informant MR. Rex GulbransonAddress 1005 Lafayette Ave. Cumberland17. Burial Date thereof Jan. 7, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemLocation Cumberland, Md.18. Funeral director Charles L. GeorgeAddress Cumberland, Md.19. Jan. 7 19 48 W. R. Frantz, M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4 19 48 at 7.55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to 19.....

and that I last saw h.....er Dead Jan. 4 19 48Immediate cause of death..... DURATION  
Exsanguination & mutilation at onceDue to Crushed skull, left arm severed  
fractured, left femur, compound\*\* comminuted fracture above left ankle  
fracture above right ankle & abrasionsDue to being hit by a W. Md. R. Ry.  
engine while walking across tracks.

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 1-4-48Where did injury occur? Cumberland Allegany Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Va. Ave. R. Ry. cross-  
River RoadMeans of injury as above Injured at work? noDeputy Medical Examiner - Allegany Co.23. SIGNATURE H. V. Deming M.D. H. V. Deming M.D.  
M. D. or otherAddress Cumberland Md. Date signed 1-4-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00093 4

## 1. PLACE OF DEATH:

County Allegany Cumberland  
 City or town 77 years  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 days  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Allegany  
 City or town Cumberland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Lee Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

George G. Young

## 3. (b) Social Security Number

213-12-9837

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Bernice McAlpine

7. Birth date of deceased (mo., day, yr.) July 28, 1870 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 77 Months 5 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Cumberland Allegany, Md.  
 (Town, county, and state)

10. Usual occupation President

11. Industry or business Cumtial Laundry Co.

12. Name Louis Young

13. Birthplace Maryland

14. Maiden name Margaret Royle

15. Birthplace Maryland

16. Informant George McAlpine

Address Cumberland, Maryland

17. burial Date thereof Jan 27, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Cumberland, Md.

18. Funeral director Louis Steing Jr.

Address Cumberland, Md.

19. Jan. 26, 1948 W. A. Tautz, M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 24 Jan. 19 48 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 30 mos. 19 48 to 24 Jan. 19 48  
 and that I last saw h. alive on 24 Jan. 19 48

Immediate cause of death Intestinal obstruction  
Cause undetermined DURATION 1 week.

Due to Chn. arteriosclerosis

Due to arteriosclerosis heart disease

with auricular Fibrillation

Other conditions Chro. vasculn accident

(Include pregnancy within 3 months of death)

Major findings of operations with consistent proplegia

on 30 Oct. 1947

Date of op. \_\_\_\_\_

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. Alfred Van Arne

Address 110 S. 2nd St. Cumberland, Md. Date signed 26 Jan. 48

RECEIVED

FEB 3 1948

BUREAU